

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H32822

1. Entity Name
FIRST COAST TEST AND BALANCE, INC.



FILED

04-29-2004 90340 037 ***150.00

04 MAY 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232004 Chg-P CR2E034 (10/03)

Principal Place of Business
% 1914 UNIVERSITY BLVD.
JACKSONVILLE, FL 32217

Mailing Address
% 1914 UNIVERSITY BLVD.
JACKSONVILLE, FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2468012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGUERITE Y. CORSON-CASCONE
1914 UNIVERSITY BOULEVARD
JACKSONVILLE, FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marguerite Y. Corson-Cascone

05-25-04

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CASCONE, STEVEN T.
1914 UNIVERSITY BLVD.
JACKSONVILLE, FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CORSON, MARGUERITE Y.
1914 UNIVERSITY BLVD.
JACKSONVILLE, FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CORSON-CASCONE, MARGUERITE Y. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CORSON, MARGUERITE Y.
1914 UNIVERSITY BLVD.
JACKSONVILLE, FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CORSON-CASCONE, MARGUERITE Y. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marguerite Y. Corson

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 9047392541

Date

Daytime Phone #