2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35666

FILED Mar 20, 2009 Secretary of State

Entity Name: FIRST COAST REALTY NASSAU COUNTY, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
45309 MIC CALLAHAI	KLER ST. N, FL 32011	US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX CALLAHAI	1213 N, FL 32011	US			
FEI Number:	: 59-2472699	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
BAKER, GARY US HWY. 1, SUITE D, CALLAHAN PROF. BLDG. PO BOX 1177 CALLAHAN, FL US			BAKER, GARY 54328 GREEN AVE. CALLAHAN, FL 32011	US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/20/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	BLINSON, CIN	ON POINT TRAIL	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (HAMPTON, R. ROWE CUTOF CALLAHAN, FL	FRD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T (X HAMPTON, SU 209 BOOTH ST CALLAHAN, FL	r south	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S (HAMPTON, SA ROWE CUTOF CALLAHAN, FL	FRD	Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY H BLINSON PD 03/20/2009