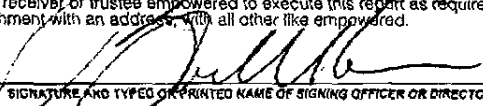


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H50900		
1. Entity Name FIRST COAST SALES, INC.		
Principal Place of Business 9143 PHILLIPS HWY STE 540 JACKSONVILLE, FL 32256 US		Mailing Address PO BOX 23340 JACKSONVILLE, FL 32241 US
DO NOT WRITE IN THIS SPACE		
		04122006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2513902		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KERN, BRUCE R. 128 TEAL POINTE LANE PONTE VEDRA, FL 32082		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		400000511837 04/29/06 80065-014 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP KERN, BRUCE R. 128 TEAL POINTE LANE PONTE VEDRA, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV SMITH, MARC R. 11071 RIVERCREEK DR. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT KERN, HOLLY C. 128 TEAL POINTE LANE PONTE VEDRA, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		4/11/06 Date Daytime Phone # _____