

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90239 031 \*\*\*158.75

**DOCUMENT # J38880**

1. Entity Name  
**FIRST COAST CABLE CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address

284 JOHNSON LAKE ROAD WEST      284 JOHNSON LAKE ROAD WEST  
 YULEE, FL 32097 US      YULEE, FL 32097 US

**04030170**



2. Principal Place of Business      3. Mailing Address

**75012 Johnson Lake Rd**      **75012 Johnson Lake Rd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04072004      Chg-P      CR2E034 (10/03)

City & State      City & State

**Yulee FL**      **Yulee FL**

Zip      Country      Zip      Country

**32097 US**      **32097 US**

4. FEI Number      Applied For

**59-2726565**      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

**LEVY, ISAAC L., ESQ.**  
**444 E. DUVAL ST**  
**JACKSONVILLE, FL 32202**

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 \_\_\_\_\_ (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	PD DAVIS, LOWELL B. 284 JOHNSON LAKE ROAD WEST YULEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>75012 Johnson Lake Rd</b> <b>Yulee FL 32097</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEELE, MICHAEL W. BOBCAT LN. FT. WHITE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lowell B. Davis***      **4/8/04**      **904 225-2338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #