

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J39777

1. Entity Name  
FIRST COAST TELECOMMUNICATIONS OF  
JACKSONVILLE, INC.



Principal Place of Business  
3243 PARENTAL HOME RD  
JACKSONVILLE, FL 32216 US

Mailing Address  
3243 PARENTAL HOME RD  
JACKSONVILLE, FL 32216 US

**FILED**  
**Aug 18, 2008 08:00 AM**  
**Secretary of State**



07292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2751393

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BATTEN, HORACE  
3243 PARENTAL HOME RD  
JACKSONVILLE, FL 32216

**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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BATTEN, HORACE W
STREET ADDRESS	3120 TIGER HOLE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	BATTEN, RUSSELL W
STREET ADDRESS	8030 HILSDALE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	TS
NAME	JOHNSON, LORI L
STREET ADDRESS	3106 TIGER HOLE RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000951752  
08/18/08-90001-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lori Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lori Johnson

8/8/08  
Date

904-642-6560  
Daytime Phone #