## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # J60558 1. Entity Name 04-07-2004 90019 004 \*\*\*150.00 FIRST COAST OFFICE PRODUCTS, INC. Principal Place of Business Mailing Address 94046388 640 N. 3RD STREET JACKSONVILLE BEACH FL 32250 640 N. 3RD STREET JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2777674 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOE, WILLIAM G., JR. Street Address (P.O. Box Number is Not Acceptable) 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH FL 32233 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE Change Addition NAME BASS, HERMAN NAME 640 N. 3RD ST. STREET ADDRESS STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE BASS, ALICE F. NAME NAME STREET ADDRESS 640 N 3RD ST. STREET ADDRESS JACKSONVILLE BCH FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP

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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

3-29-04 904.245-1531