


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # K54219 1. Entity Name SOUTHCOAST-TC CORPORATION	
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Principal Place of Business 1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009 US	Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202-5009 US
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03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2923831	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIELDS, DAVID R 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LOVETT, R.D. 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, W.R. (II) 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVETT, P.H. 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIELDS, DAVID R 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEB, K.L. 1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELLO, JEANNINE 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202

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04/17/07-80069-003 150.00

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: 	4/2/07	904-634-8808
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>