


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90059 003 ***150.00

DOCUMENT # P00000014048	
1. Entity Name FIRST COAST OF AUGUSTA, INC.	

Principal Place of Business 9951 ATLANTIC BLVD SUITE 234 JACKSONVILLE FL 32225	Mailing Address 9951 ATLANTIC BLVD SUITE 234 JACKSONVILLE FL 32225
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2. Principal Place of Business 105 Cannon Ct	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponte Vedra Beach FL	City & State 32082
Zip	Country

4. FEI Number 59-3635306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name Skip Attinger
Street Address (P.O. Box Number is Not Acceptable) 105 Cannon Ct W
City Ponte Vedra Beach FL Zip Code 32082

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 <i>Skip Attinger</i>	DATE 2/16/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
D BEAVEN, SMITH 1644 DUKE OF WINDSOR ROAD VIRGINIA BEACH VA 23454	
D BARLI, PAUL 7028 DALLAS ROAD BROOKLYN CENTER MN 55430	
D DOSTER, RICHARD 8900 SW 125TH TERRACE MIAMI FL 33176	
D SHLEMON, STEVE 4202 W SWANN AVENUE TAMPA FL 33609	
D FAILES, JOHN 302 PARK AVENUE PORTSMOUTH VA 23707	
D SINK, RIDGE 8160 BAY MEADOWS WAY W, STE. 110 JACKSONVILLE FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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: <i>Skip Attinger</i>	Date 2/16/04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		