


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P00000024471</b><br>1. Entity Name<br><b>FIRST COAST BUSINESS SOLUTIONS, INC.</b> |  |
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|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 455<br>GREEN COVE SPRINGS, FL 32043 | Mailing Address<br>P.O. BOX 455<br>GREEN COVE SPRINGS, FL 32043 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3631388</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
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|   |                                       |
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| 6. Name and Address of Current Registered Agent<br><br>MCQUAIG, DAVID H<br>4745 SUTTON PARK CT.<br>STE. 103<br>JACKSONVILLE, FL 32224 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)</small> | DATE _____ |
|---|------------|

|   |   |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
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|  |  |
|--|--|
| 10. OFFICERS AND DIRECTORS                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTSD<br>JOLLEY, STEVEN G<br>2031 DEEL ROAD<br>GREEN COVE SPRINGS, FL 32043 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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04/27/05-80052-020 150.00

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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:  <b>Steven G. Jolley</b> | 4/25/05             | 904-284-4333                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                      | <small>Date</small> | <small>Daytime Phone #</small> |