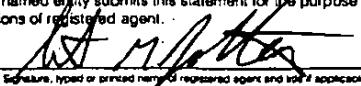


FILED
May 08, 2007 8:00 am
Secretary of State

04-19-2007 90214 026 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000024471		
1. Entity Name FIRST COAST BUSINESS SOLUTIONS, INC.		
Principal Place of Business P.O. BOX 455 GREEN COVE SPRINGS, FL 32043		Mailing Address P.O. BOX 455 GREEN COVE SPRINGS, FL 32043
DO NOT WRITE IN THIS SPACE		
		01032007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3631388		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCQUAIG, DAVID H 4745 SUTTON PARK CT. STE. 103 JACKSONVILLE, FL 32224		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  DATE <u>4/12/07</u> Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PTSD	
NAME	JOLLEY, STEVEN G	
STREET ADDRESS	2031 DEEL ROAD	
CITY- ST- ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:  <u>Steven G. Jolley</u> <u>5/02/07</u> <u>904-284-4333</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		