

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90028 036 \*\*\*150.00

**DOCUMENT # P00000034697**

1. Entity Name

FIRST COAST INTERNET SOLUTIONS, INC.



Principal Place of Business

5012 DIAN WOOD DR. EAST  
JACKSONVILLE FL 32210

Mailing Address

5012 DIAN WOOD DR. EAST  
JACKSONVILLE FL 32210

94041163



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3644645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MADDOX, L. MICHAEL  
2119 RIVERSIDE AVE.  
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Paul H Speer*

Signature, typed or printed name of registered agent and title if applicable

*Paul H Speer*

(NOTE: Registered Agent signature required when reinstating)

3/28/04

DATE

**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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SPEER, PAUL H  
STREET ADDRESS 5012 DIAN WOOD DR. EAST  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE S ☐ Delete  
NAME GLENN, YOUUROS  
STREET ADDRESS 5013 DIANWOD DRIVE E  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VPS ☐ Delete  
NAME MICHAEL, FARENKOPE  
STREET ADDRESS 5012 DIAN WOOD RIVE E  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VPO ☐ Delete  
NAME ANDY, MARKMAN  
STREET ADDRESS 3000 BOARDWALK DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Paul H Speer* PAUL H SPEER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/04 904-772-8226

Date

Daytime Phone #