

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90142 044 ***150.00

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 Director of Property ☐ Delete
NAME management
STREET ADDRESS MICHAEL ALLEN MYERS
CITY-ST-ZIP 5932 WOODSIDE DR
JACKSONVILLE FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP of operation ☐ Delete
NAME Curtis Robinson
STREET ADDRESS 5623 Ellis Trac3 Dr
CITY-ST-ZIP JACKSONVILLE FL 32205

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

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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 exemptions contained in Section 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:

Paul H. Speer

PAUL H. Speer

3/24/06

9045210971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #