

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90043 041 ***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 - No P.O. Box #

5800 RAMONA BLVD

3. Mailing Address

5012 DIAN WOOD DR E

Suite, Apt. #, etc.

#14-17

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

City & State

JACKSONVILLE FLA

Zip

32205

Country

USA

Zip

32210

Country

4. FEI Number

59-3644645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

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

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, 2007 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	<input type="checkbox"/> Delete
NAME	SPEER, PAUL H	
STREET ADDRESS	5012 DIAN WOOD DR. EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLENN, YOUUROUS	
STREET ADDRESS	5013 DIANWOD DRIVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	MICHAEL, FARENKOPE	
STREET ADDRESS	5012 DIAN WOOD RIVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DOPM	<input checked="" type="checkbox"/> Delete
NAME	MYERS, MICHAEL A	
STREET ADDRESS	5932 WOODSIDE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, CURTIS	
STREET ADDRESS	5623 ELLIS TRACE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

Date

Daytime Phone #

904 772 8226