


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90060 045 \*\*\*150.00

<b>DOCUMENT # P00000036219</b>					
1. Entity Name <b>FIRST COAST OF SAVANNAH, INC.</b>					
Principal Place of Business <b>9951 ATLANTIC BLVD SUITE 234 JACKSONVILLE FL 33325</b>			Mailing Address <b>9951 ATLANTIC BLVD SUITE 234 JACKSONVILLE FL 33325</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <b>105 Cannon Court</b>			Suite, Apt. #, etc. <b>105 Cannon Court W</b>		
City & State <b>Ponte Vedra Beach FL</b>			City & State <b>32082</b>		
Zip <b>32082</b>		Country		4. FEI Number <b>59-3684753</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent <b>105 Cannon Court W Ponte Vedra Beach FL 32082</b>			
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 <u><i>Shirley Attinger</i></u> DATE <u>2/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MINCHEW, THERESA 908 MOSS WAY VALDOSTA GA 31602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SINK, RIDGE 8160 BAY MEADOWS WAY W, SUITE 110 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BEAVEN, SMITH 1644 DUKE JOF WINDSOR ROAD VIRGINIA BEACH VA 23454 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S BARLI, PETER 9951 ATLANTIC BLVD, SUITE 235 JACKSONVILLE FL 32225 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Shirley Attinger</i></u>			Date <u>2/10/04</u> Daytime Phone # <u>904-</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u><i>* Beaven Smith</i></u> <b>BEAVEN SMITH</b>			280-1904		