


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90060 002 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P00000036221 | |  | |
| 1. Entity Name FIRST COAST OF TALLAHASSEE, INC. | | | |
| Principal Place of Business 9951 ATLANTIC BLVD STE 234 JACKSONVILLE FL 32225 | | Mailing Address 9951 ATLANTIC BLVD STE 234 JACKSONVILLE FL 32225 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. 105 Cannon Ct | | Suite, Apt. #, etc. | |
| City & State Ponte Vedra Beach FL | | City & State FL 32082 | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 | | 7. Name and Address of New Registered Agent Name Skip Attinger Street Address (P.O. Box Number is Not Acceptable) 105 Cannon Court W City Ponte Vedra Beach FL Zip Code 32082 | |
| 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 Skip Attinger DATE 2/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering)</small> | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, BEAVEN 1644 DUKE OF 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 | D SMITH, MARY WALKER 1644 DUKE OF 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 | D SMITH, MOLLY 1644 DUKE OF 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 | D SMITH, BOBBY 1644 DUKE OF 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 | D SCHROWANE, JOHN 7833 MCCLURE STREET TALLAHASSEE FL 32312 <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 SLEIMAN, ANTHONY T 6970 ALMOURS DRIVE JACKSONVILLE FL 32217 <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #