


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000050467 1. Entity Name 1ST COAST FINANCIAL OF TAMPA BAY, INC.	
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Principal Place of Business 5294 BEACH DRIVE SOUTHEAST SUITE D SAINT PETERSBURG, FL 33705	Mailing Address 5294 BEACH DRIVE SOUTHEAST SUITE D SAINT PETERSBURG, FL 33705
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03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3647491	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROGERS, RICHARD T 5294 BEACH DR SE STE. D SAINT PETERSBURG, FL 33705
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**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00


9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000078122
03/08/04-80015-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ROGERS, RICHARD T 5294 BEACH DRIVE SOUTHEAST SAINT PETERSBURG, FL 33705
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **PRES. RICHARD T ROGERS PRES 3/3/04 7278953511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #