

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90035 049 \*\*\*150.00

**DOCUMENT # P00000083407**

1. Entity Name  
**FDC PE BUILDING I, INC.**



Principal Place of Business  
**ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084**

Mailing Address  
**PO BOX 1048  
SAINT AUGUSTINE, FL 32085-1048**

**44031946**



04142004 Chg-P CR2E034 (10/03)

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  
**NOT APPLICABLE**

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

**EDDINS, HEIDI J  
ONE MALAGA STREET  
SAINT AUGUSTINE, FL 32084**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MACSWAIN, ROBERT F**  
STREET ADDRESS **ONE MALAGA ST**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **V** ☐ Change ☒ Addition  
NAME **Bradley D. Lehan**  
STREET ADDRESS **One Malaga Street**  
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **PD** ☒ Delete  
NAME **CAREY, G JOHN**  
STREET ADDRESS **10151 DEERWOOD PARK BLVD, BLDG 100, S-330**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **DC** ☐ Delete  
NAME **ANESTIS, R W**  
STREET ADDRESS **ONE MALAGA STREET**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **S** ☐ Delete  
NAME **EDDINS, HEIDI J**  
STREET ADDRESS **ONE MALAGA STREET**  
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Heidi J. Eddins**  
STREET ADDRESS **One Malaga Street**  
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **VT** ☒ Delete  
NAME **THOMPSON, MELINDA**  
STREET ADDRESS **10151 DEERWOOD PK BLVD 100 STE 330**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **V** ☒ Delete  
NAME **HANSON, KARL B III**  
STREET ADDRESS **10151 DEERWOOD PARK BLVD BLDG 100 STE 330**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

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 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

**Heidi J. Eddins**

**4/15/04**

Date

**904-826-2398**

Daytime Phone #