

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000087358

1. Entity Name  
FLORIDA FIRST COAST INVESTMENT CORP.



Principal Place of Business  
955 SW BAYA DRIVE  
LAKE CITY, FL 32025

Mailing Address  
955 SW BAYA DRIVE  
LAKE CITY, FL 32025

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3672980

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEROSIA, DALE W  
955 SW BAYA DRIVE  
LAKE CITY, FL 32025

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000182505  
01/19/05-80029-018 150.00

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>DEROSIA, DALE W<br>ROUTE 13, BOX 467<br>LAKE CITY, FL 32055 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>DARBY, MICHAEL M<br>RT. 20 BOX 849<br>LAKE CITY, FL 32055   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>SLAY, MARVIN<br>955 SW BAYA DRIVE<br>LAKE CITY, FL 32025    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**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: Dale W. DeRosia, Treas. Dale W. DeRosia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05  
Date

386-755-9707  
Daytime Phone #