

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000092132

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** FIRST COAST UTILITIES & RECYCLING, INC.

**Current Principal Place of Business:**

3668 US 1 S  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1899  
CALLAHAN, FL 32011

**New Mailing Address:**

**FEI Number:** 59-3714401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KOSTENSKI, SUZANNE D  
11950 NEW KINGS ROAD  
JACKSONVILLE, FL 32219 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KOSTENSKI, SUZANNE  
Address: PO BOX 1899  
City-St-Zip: CALLAHAN, FL 32011

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KOSTENSKI, SUZANNE  
Address: 11950 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE KOSTENSKI

P

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date