

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009384

FILED
Apr 15, 2008
Secretary of State

Entity Name: FIRST COAST INSURANCE & TAX SERVICE, INC.

Current Principal Place of Business:

4268 OLDFIELD CROSSING DR
102
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

4268 OLDFIELD CROSSING DR
102
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3692413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULK, KENNETH
5329 OXFORD CREST DRIVE
JACKSONVILLE, FL 32258 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FAULK, KENNETH
Address: 5329 OXFORD CREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FAULK, PATTI
Address: 5329 OXFORD CREST DR
City-St-Zip: JACKSONVILLE, FL 32258

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: KENNETH FAULK

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date