

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90210 028 \*\*\*150.00

**DOCUMENT # P01000011797**  
 1. Entity Name  
**FIRST COAST TRACTOR SERVICE, INC.**



Principal Place of Business Mailing Address  
 10275 GREGORY AVE 10275 GREGORY AVE  
 HASTINGS, FL 32145 HASTINGS, FL 32145

**44044173**

2. Principal Place of Business 3. Mailing Address  
 270 ESTRELLA AVE 270 ESTRELLA AVE  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 #H-4 #H-4

City & State City & State  
 ST. AUGUSTINE, FL ST. AUGUSTINE, FL  
 Zip Country Zip Country  
 32095 ST. JOHNS 32095 ST. JOHNS

04212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
 59-3694415 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 MOORE, VELDA J  
 10275 GREGORY AVE  
 HASTINGS, FL 32145

**7. Name and Address of New Registered Agent**  
 Name: MOORE, VELDA J.  
 Street Address (P.O. Box Number is Not Acceptable)  
 270 ESTRELLA AVE #H-4  
 City: ST. AUGUSTINE FL Zip Code: 32095

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOORE, VELDA J 10275 GREGORY AVE HASTINGS, FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, BRUCE L 270 ESTRELLA AVE ST AUGUSTINE, FL 32095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RELPH, WENDY 6310 GOMEZ RD ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOORE, VELDA J 270 ESTRELLA AVE #H-4 ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, BRUCE L 270 ESTRELLA AVE #H-4 ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Velda Moore 4/29/4 3863255299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #