


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P01000011797</b> 1. Entity Name FIRST COAST TRACTOR SERVICE, INC.	
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Principal Place of Business 10275 GREGORY AVE HASTINGS, FL 32145	Mailing Address 10275 GREGORY AVE HASTINGS, FL 32145
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44044173

2. Principal Place of Business 270 ESTRELLA AVE Suite, Apt. #, etc. #H-4	3. Mailing Address 270 ESTRELLA AVE Suite, Apt. #, etc. #H-4
City & State ST. AUGUSTINE, FL	City & State ST. AUGUSTINE, FL
Zip 32095	Country ST. JOHNS



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3694415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	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 ST AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	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	D RELPH, WENDY 6310 GOMEZ RD ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>Velda Moore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4/29/04</u> Date	<u>3863255299</u> Daytime Phone #
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