

2005 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P01000011797

1. Entity Name
FIRST COAST TRACTOR SERVICE, INC.

FILED

05 OCT 10 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 270 ESTRELLA AVE #H-4 SAINT AUGUSTINE, FL 32095	Mailing Address 270 ESTRELLA AVE #H-4 SAINT AUGUSTINE, FL 32095
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10032005 REIN-P CR2E098 (6/04)

2. Principal Place of Business 10275 Gregory Avenue	3. Mailing Address 10275 Gregory Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hastings, Florida	City & State Hastings, Florida
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Zip 32145	Country USA	Zip 32145	Country USA
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4. FEI Number 59-3694415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOORE, VELDA J
270 ESTRELLA AVE #H-4
SAINT AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name Velda J. Moore	
Street Address (P.O. Box Number is Not Acceptable) 10275 Gregory Avenue	
City Hastings	Zip Code FL 32145

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 \$750.00
After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MOORE, VELDA J	
STREET ADDRESS	270 ESTRELLA AVE #H-4	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095	

TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, BRUCE L	
STREET ADDRESS	270 ESTRELLA AVE #H-4	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095	

TITLE	D	<input type="checkbox"/> Delete
NAME	RELPH, WENDY	
STREET ADDRESS	6310 GOMEZ RD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	

TITLE	<i>[Signature]</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Velda J.	
STREET ADDRESS	10275 Gregory Ave.	
CITY-ST-ZIP	Hastings, FL 32145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400060457814	
CITY-ST-ZIP	10/10/05--01079--005 **750.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/P Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lakshmi, Nauth	
STREET ADDRESS	5329 Jonathan St.	
CITY-ST-ZIP	Hastings, FL 32145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 10/5/5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #