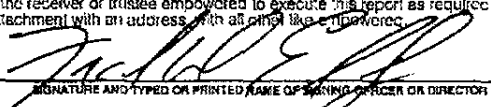


Apr 30 04 01:15p

FILED P.2

May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000040992		
1. Entity Name FIRST COAST APPLIANCE, INC.		
Principal Place of Business 221 E. 8TH ST. JACKSONVILLE, FL 32206		Mailing Address 221 E. 8TH ST. JACKSONVILLE, FL 32206
DO NOT WRITE IN THIS SPACE		
		 04282004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3708493
		Apply For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Addl. Fee Required
6. Name and Address of Current Registered Agent ELLIS, FRED W JR. 221 E. 8TH ST. JACKSONVILLE, FL 32206		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when relevant) Signature, typed or printed name of registered agent and title, if applicable. DATE _____		
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		U000000146899 05/03/04-80084-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELLIS, FRED 221 E. 8TH ST. JACKSONVILLE, FL 32206	DO NOT WRITE IN THIS SPACE
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TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/04 904 359 0670 Date Daytime Phone #