

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90012 028 ***150.00

DOCUMENT # P01000042242

1. Entity Name
FIRST COAST FRAMING, INC.



Principal Place of Business
**8149-1 103RD STREET
JACKSONVILLE, FL 32244**

Mailing Address
**8149-1 103RD STREET
JACKSONVILLE, FL 32244**

54016423



2. Principal Place of Business
8275-1 103rd Street

3. Mailing Address
8275-1 103rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3714266

Applied For
Not Applicable

Zip
32210

Country
USA

Zip
32210

Country
USA

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

6. Name and Address of Current Registered Agent

**MILNE, SHARON B
1000 RIVERSIDE AVE., SUITE 500
JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BAKER, RANDY
8436 ROCKRIDGE CT
JACKSONVILLE, FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMAS, VANCE
9536 PRINCETON SQUARE BLVD
JACKSONVILLE, FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BAKER, JUDY A
8436 ROCKRIDGE CT
JACKSONVILLE, FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Randy Baker** RANDY BAKER, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-04

Date

904-573-9666

Daytime Phone #