

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000042242**

1. Entity Name  
**FIRST COAST FRAMING, INC.**



Principal Place of Business  
**8275-1 103RD STREET  
JACKSONVILLE, FL 32210**

Mailing Address  
**8275-1 103RD STREET  
JACKSONVILLE, FL 32210**



04202008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3714266**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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

Signature, typed 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000546371  
05/12/06-R00002-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAKER, RANDY
STREET ADDRESS	8436 ROCKRIDGE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	VP
NAME	THOMAS, VANCE
STREET ADDRESS	9536 PRINCETON SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	ST
NAME	BAKER, JUDY A
STREET ADDRESS	8436 ROCKRIDGE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4/28/06 904-838-053**

Date

Daytime Phone #