

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90045 039 \*\*\*550.00

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

**DO NOT WRITE IN THIS SPACE**



07062007 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

**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 \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

How do I change  
this address?

It should be  
8249 103rd Street  
Jax 32210

Can someone send me a  
form if needed?

**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

7-19-07

904-573-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #