


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90042 029 \*\*\*150.00

<b>DOCUMENT # P01000079792</b>					
<b>1. Entity Name</b> FIRST COAST PAVERS INC.					
<b>Principal Place of Business</b> 7800 POINTE MEADOWS DRIVE SUITE 1217 JACKSONVILLE, FL 32256			<b>Mailing Address</b> 7800 POINTE MEADOWS DRIVE SUITE 1217 JACKSONVILLE, FL 32256		
<b>2. Principal Place of Business</b> 1131 EAGLE POINT DR. E. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1131 EAGLE POINT DR. E. Suite, Apt. #, etc.			
<b>City &amp; State</b> ST. AUGUSTINE, FL.		<b>City &amp; State</b> ST. AUGUSTINE, FL.		<b>4. FEI Number</b> 59-3737177	
<b>Zip</b> 32092		<b>Country</b> ST. JOHNS		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MICKLER, MARTIN J ESQUIRE 1301 RIVERPLACE BLVD STE 2220 JACKSONVILLE, FL 32207			<b>7. Name and Address of New Registered Agent</b> Name: <u>TOOD WATSON, Attorney at Law</u> Street Address (P.O. Box Number is Not Acceptable): <u>7785 Bay Meadows Way # 107</u> City: <u>JACKSONVILLE</u> FL <u>32206</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>Attorney</u> <u>1-28-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PVPS METCALF, MICHAEL 7800 POINTE MEADOWS DR., #1217 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T METCALF, MICHAEL 7800 POINTE MEADOWS DR., #1217 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>R. Metcalf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/28/04</u> Daytime Phone #: <u>904 829-5505</u>		