2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029325

Entity Name: FIRST COAST FUNDING OF PALM COAST, INC.

FILED May 12, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
25 FLORIDA PARK DRIVE, STE. E PALM COAST, FL 32137				17 TIDEWATER DRIVE ORMOND BEACH, FL 32174	
Current Mailing Address:			New Maili	New Mailing Address:	
25 FLORIDA PARK DRIVE, STE. E PALM COAST, FL 32137				17 TIDEWATER DRIVE OMOND BEACH, FL 32174	
FEI Number:	75-3062280	FEI Number Applied For () FEI	Number Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
MITCHELL, JEROME D ESQ. 400 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
		2)(b), F.S., the corporation did not receiv	ve the prior notic	ce.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	SALLE, BRIAN	Delete RK DRIVE, STE. E	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SALLE, BRIAN 16 TIDEWATER DR ORMOND BEACH, FL 32174	
Title: Name: Address: City-St-Zip:	TVS ()[SALLE, ASHLEE 25 FLORIDA PAR	Delete RK DRIVE, STE. E	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition HOFFMAN, DOROTHY M 16 TIDEWATER DR	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition SALLE, KAREN M 16 TIDEWATER DR ORMOND BEACH, FL 32174	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition LEWIS, ERIC 16 TIDEWATER DR ORMOND BEACH, FL 32174	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition SCHRIVER, DAVID T 16 TIDEWATER DR ORMOND BEACH, FL 32174	
Title: Name: Address: City-St-Zip:]()	Delete	Title: Name: Address: City-St-Zip:	STT () Change (X) Addition THOMAS, BONNIE 16 TIDEWATER DR ORMOND BEACH FL 32174	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SALLE P 05/12/2005