

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000029325		
1. Entity Name FIRST COAST FUNDING OF PALM COAST, INC.		

Principal Place of Business 17 TIDEWATER DRIVE ORMOND BEACH, FL 32174	Mailing Address 17 TIDEWATER DRIVE ORMOND BEACH, FL 32174
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2. Principal Place of Business 16 Tidewater Dr	3. Mailing Address 16 Tidewater Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

FILED
05 JUL 21 AM 10:53
SECRET
FALL 2005



07122005	Chg-P	CR2E034 (10/03)
4. FEI Number 75-3062280	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MITCHELL, JEROME D ESQ. 400 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City FL Zip Code
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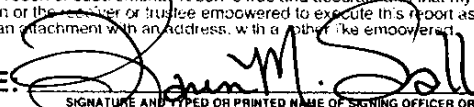
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signed, countersigned and acknowledged by the change agent in this case. (Note: Registered agent signature required when changing agent.)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SALLE, BRIAN 16 TIDEWATER DR ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 400058044694 07/29/05--01047--015 ***61.25
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HOFFMAN, DOROTHY M 16 TIDEWATER DR ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SALLE, KAREN M 16 TIDEWATER DR ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP LEWIS, ERIC 16 TIDEWATER DR ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SCHRIVER, DAVID T 16 TIDEWATER DR ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST T THOMAS, BONNIE 16 TIDEWATER DR ORMOND BEACH, FL 32174 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(c) Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I made under oath; that I am an officer or director of the corporation or the officer 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 a notary like endorsement.

SIGNATURE:  KAREN M. SALLE 7-12-05 615-2428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JUL 21 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000070710			
1. Entity Name TWO SPOT DEVELOPMENT LLC			
Principal Place of Business 8415 CAPRICORN STREET JACKSONVILLE, FL 32216		Mailing Address 8415 CAPRICORN STREET JACKSONVILLE, FL 32216	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2177429		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent HUNTER, GARY L SR 8415 CAPRICORN STREET JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when renewing.			
Filing Fee is \$60.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER, GARY 8415 CAPRICORN STREET JACKSONVILLE, FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Gary L Hunter Sr.</u>		Date: <u>6-2-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Typed Name: <u>GARY L HUNTER SR</u>	



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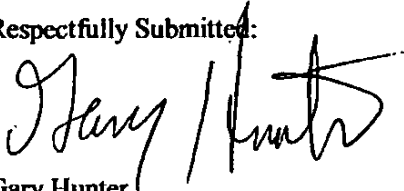
ATTACHMENT

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Please be advised that you cash my \$150.00 check for the Two Spot Development LLC please refund me a \$100.00 make check payable to Gary Hunter. I thought the fee was \$150.00. I talked with your staff over the phone and told me to write this letter. Any assistance to this matter would be greatly appreciated.

Respectfully Submitted:



Gary Hunter
Two Spot Development LLC

L04 - 66619