2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000029325

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

FILED
05 JUL 21 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
17 TIDEWATER DRIVE ORMOND BEACH, FL 32174	17 TIDEWATER DRIVE OMOND BEACH, FL 32174

07122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16 Tidewater Dr	16 Tidewater Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MITCHELL, JEROME D ESQ. 400 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 of new registered agent (if changing) (Required) Date (if changing registered agent) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 a similar like empowerment.

386

SIGNATURE: John M. Salle' KAREN M. SALLE' 7-12-05 615-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

FILED
2005 JUL 21 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000070710

1. Entity Name
TWO SPOT DEVELOPMENT LLC

Principal Place of Business	Mailing Address
8415 CAPRICORN STREET JACKSONVILLE, FL 32216	8415 CAPRICORN STREET JACKSONVILLE, FL 32216

05312005 Chg-LLC CR2E083 (10/03)

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

6. 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

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

Filing Fee is $50.00
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	300057666103	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/18/05--90244--011 **50.00	☐ 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

11. 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 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: Gary L. Hunter Sr. GARY L. HUNTER SR 6-2-05 (904) 721-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
3009780
#04000070710

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