

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073742

1. Entity Name
FIRST COAST FOREST PRODUCTS, INC.Principal Place of Business
4655 SUSSEX AVE
JACKSONVILLE, FL 32210 USMailing Address
4655 SUSSEX AVE
JACKSONVILLE, FL 32210 US

FILED
05 Oct 26 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08152005 Chg-P CR2E034 (10/03)

4. FEI Number
02-0629469Applied For
Not Applicable5. Certificate of Status Desired ☐ 68.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOFFORD, JEFFREY C
4655 SUSSEX AVE
JACKSONVILLE, FL 32210

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 the filer (applicable)

(NOTE: Registered Agent signature required when reappointing)

PAGE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 20059. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	WOFFORD, JEFFREY C	
STREET ADDRESS	4655 SUSSEX AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	V	☐ Delete
NAME	WOFFORD, JEROD L	
STREET ADDRESS	4655 SUSSEX AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	V	☐ Delete
NAME	WOFFORD, JUSTIN D	
STREET ADDRESS	4655 SUSSEX AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	V	☒ Delete
NAME	WOFFORD, JUSTIN D	
STREET ADDRESS	4655 SUSSEX AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Jeffrey C. Wofford
4655 Sussex Ave.
Jacksonville, FL 32210

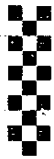
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 filers empowered.

SIGNATURE: *Jeffrey C. Wofford*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Deputy Filer



michek
Attn: ~~Kathy Ashton~~

~~8/10/05~~
10/26/05

~~Kathy, Michek~~

Per our phone con this date,
the attached 2005 Annual BS

Profit corp report is submitted,
properly signed.

We have discussed the condition
that pay rent has been made,

I had not signed in the
proper location on the form.

Travis,

Jeff Wofford

904-662-266