

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000098938

I. Entity Name
FIRST COASTAL HOMES, INC.



FILED

May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
1093 A1A BEACH BLVD
#170
ST. AUGUSTINE, FL 32080

Mailing Address
1093 A1A BEACH BLVD
#170
ST. AUGUSTINE, FL 32080



DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0484295 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECKSTEIN, BRIAN D
686 16TH STREET
ST. AUGUSTINE, FL 32080

**DO NOT WRITE
IN THIS SPACE**

3. 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 renegating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ECKSTEIN, BRIAN D
STREET ADDRESS 686 16TH STREET
CITY ST ZIP ST. AUGUSTINE, FL 32080

000000148173
05/03/04-80137-005 150.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

Date

Daytime Phone #