


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

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| DOCUMENT # R02000129490 |  |
| 1. Entity Name FIRST COAST MICROGUARD SYSTEMS, INC. | |

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| Principal Place of Business 4856 VICTOR ST JACKSONVILLE, FL 32201 | Mailing Address 4856 VICTOR ST JACKSONVILLE, FL 32201 |
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

| | |
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| 4. FEI Number 22-3885883 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON III
ONE INDEPENDENT DR, STE 2301
JACKSONVILLE, FL 32202

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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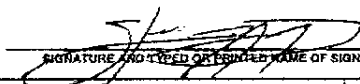
10. OFFICERS AND DIRECTORS

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|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPENCER, DAVID S 1806 MOURNING DOVE LANE JACKSONVILLE BEACH, FL 32251 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO DONALSON, STEVE 4369 COMANCHE TRAIL BLVD. JACKSONVILLE, FL 32077 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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04/02/04-80002-023 150.00

12. 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 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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steve Donalson

Date 4-1-04 **Daytime Phone #** 904-45-0684