2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # P03000006771 1. Entity Name 01-29-2004 90016 021 ***158.75 FIRST COAST BUILDING MAINTENANCE, INC. Principal Place of Business Mailing Address 1378 SPANISH NEEDLE CT. ORANGE PARK FL 32073-3553 1378 SPANISH NEEDLE CT. **ORANGE PARK FL 32073-3553** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 68-0538160 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMAN, MARIA E Street Address (P.O. Box Number is Not Acceptable) 1378 SPANISH NEEDLE CT ORANGE PARK FL 32073-3553 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VICE PRESIDENT Change PSTD **Addition** TITLE ☐ Delete TITLE ROMAN PEDRO ROMAN, MARIA E NAME 1378 SPANISH NEEDLE CT NAME 1378 SPANISH NEEDLE CT. STREET ADDRESS STREET ADDRESS ORANGE PARIC FL 32073-3553 CITY-ST-ZIP ORANGE PARK FL 32073-3553 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if

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