


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90030 045 ***150.00

DOCUMENT # P03000032342		
1. Entity Name FIRST COAST TOWING, INC.		
Principal Place of Business 2909 BLANDING BLVD. MIDDLEBURG FL 32068-6349		Mailing Address 2909 BLANDING BLVD. MIDDLEBURG FL 32068-6349
2. Principal Place of Business 2905 Blanding Blvd	3. Mailing Address 2905 Blanding Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Middleburg, FL	City & State Middleburg, FL	
Zip 32068-6349	Country	Country
4. FEI Number 75-3109086 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALPHONSE, EUGENE J CPA 2018 SMITH ST. ORANGE PARK FL 32073-5543		7. Name and Address of New Registered Agent Name Stacy K. Baxley Street Address (P.O. Box Number is Not Acceptable) 3973 Sunrise Farms Rd City Middleburg FL Zip Code 32068-3778
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, STACY K 3973 SUNRISE FARMS ROAD MIDDLEBURG FL 32068-3778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: Stacy Baxley **Stacy Baxley 3-11-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #