

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90043 011 ***550.00

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1. Entity Name

EAST COAST PROPERTIES OF JACKSONVILLE, INC.



Principal Place of Business

**1300 EAST COAST DR
ATLANTIC BCH, FL 32233**

Mailing Address

**1300 EAST COAST DR
ATLANTIC BCH, FL 32233**

00007744



DO NOT WRITE IN THIS SPACE

03062005 No Chg-P CR2E034 (10/03)

4. FEI Number

06-1692862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLSON, SCOTT
1300 EAST COAST DR
ATLANTIC BCH, FL 32233**

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
NICHOLSON, SCOTT
1300 EAST COAST DR
ATLANTIC BCH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
NICHOLSON, TINA B
1300 EAST COAST DR.
ATLANTIC BEACH, FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 507, 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

Date

Daytime Phone #