

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077160

FILED
Jul 08, 2005
Secretary of State

Entity Name: FIRST COAST OF PENSACOLA, INC.

Current Principal Place of Business:

105 CANNON W
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

105 CANNON W
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-0210696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTINGER, SKIP
105 CANNON COURT W
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, F BEAVEN
Address: 2798 NE 34TH ST
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP () Delete
Name: BARLI, PETER
Address: 4924 ANDRUS DR.
City-St-Zip: TAMPA, FL 33629

Title: ST () Delete
Name: ATTINGER, FRANK
Address: 106 CANNON COURT W
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ATTINGER, BRUCE
Address: 19444 E LAKEWAY AVE.
City-St-Zip: BATON ROUGE, LA 70810

Title: D () Delete
Name: DESANCTIS, RICHARD
Address: 1130 SE 7TH AVE.
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SKIP ATTINGER

ST

07/08/2005

Electronic Signature of Signing Officer or Director

Date