2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156481

Entity Name: FIRST SHORE, INC

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE INDEPENDENT DR ONE INDEPENDENT DRIVE

JACKSONVILLE, FL 32202 SUITE 800

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

ONE INDEPENDENT DR ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

SUITE 800

JACKSONVILLE, FL 32202 US

FEI Number: 52-2437146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY CORPORATION SERVICE COMPANY 1201 HAYS STREET 1201 HAYS ST

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US US

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: 04/24/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: **PCFO** () Delete Title: PAYNE, TIMOTHY D CROUCH, ROBERT P VPTD Name: Name: ONE INDEPENDENT DR ONE INDEPENDENT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

SVPT Title: (X) Change () Addition Title: () Delete Name: CROUCH, ROBERT P Name: HOLLAND, GREG D VPS

ONE INDEPENDENT DR ONE INDEPENDENT DRIVE Address: Address: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: ASD () Delete CEOP TUTOR, TYRA H PAYNE, TIMOTHY D CEOP Name: Name: ONE INDEPENDENT DR ONE INDEPENDENT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: **VPS** () Delete Title: (X) Change () Addition HOLLAND, GREGORY D PAYNE, TIMOTHY D D Name: Name:

Address: ONE INDEPENDENT DRIVE Address: ONE INDEPENDENT DRIVE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US

Title: Title: (X) Change () Addition () Delete ROBINSON, GERALD ROBINSON, GERALD G VPT Name: Name:

ONE INDEPENDENT DRIVE Address: ONE INDEPENDENT DRIVE, SUITE 800 Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete Title: ASD (X) Change () Addition PAYNE, TIMOTHY D Name: Name: TUTOR, TYRA H ASD

ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GERALD ROBINSON **VPT** 04/24/2008