

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000000650

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** FIRST COAST SECURITY SOLUTIONS, INC.

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE SUITE 117  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE SUITE 117  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 20-0593362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKEL, DANIEL D  
ONE INDEPENDENT DRIVE SUITE 2301  
JACKSONVILLE, FL 32202 US

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

HENDRIX, MICHELLE  
ONE INDEPENDENT DRIVE  
STE 117  
JACKSONVILLE, FL 32202 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: MICHELLE L HENDRIX

03/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLOGNE, ELMER BLAND  
Address: 8960 COUNTY RD 13 N.  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: GINN, REXFORD E  
Address: 12035 BACKWIND DR  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: ELMER B COLOGNE

P

03/17/2010

Electronic Signature of Signing Officer or Director

Date