

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90032 034 \*\*\*150.00

**DOCUMENT # P04000006462**

1. Entity Name

FIRST COAST RELOCATION, INC.



Principal Place of Business

6411 PHILLIPS HWY.  
JACKSONVILLE FL 32216

Mailing Address

6411 PHILLIPS HWY.  
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0584488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAX CO.  
50 NORTH LAURA ST., STE. 3300  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name  
**Robin D. Sturm, SR.**

Street Address (P.O. Box Number is Not Acceptable)  
**14551 Cherry Lake Dr. E.**

City  
**Jacksonville**

FL

Zip Code  
**32258**

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]*

**Robin D. Sturm, Sr.**

**3/5/05**

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**

**Make Check Payable to Florida Department of State**

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  
**P Robin D. Sturm, SR. Delete**  
**14551 Cherry Lake Dr. E.**  
**Jacksonville FL 32258**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC-Treas Robert Cox Delete**  
**2600 Turnpike Dr.**  
**Hatboro, PA 19040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Hatboro, PA 19040 Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delete**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*[Signature]*

**Robin D. Sturm, SR**

**3/5/05**

**904-733-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #