

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90019 039 \*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

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

STRUM, ROBIN D SR  
651 PRESERVE VIEW  
SAINT AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name

Robin D. Sturm, SR.

Street Address (P.O. Box Number is Not Acceptable)

651 Preserve View

Ponte Vedra, FL 32081

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**

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

9. Election Campaign Financing... **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STRUM, ROBIN D SR	
STREET ADDRESS	651 PRESERVE VIEW	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32095	
TITLE	ST	<input type="checkbox"/> Delete
NAME	COX, ROBERT	
STREET ADDRESS	2600 TURNPIKE DR	
CITY - ST - ZIP	HATBORO PA 19040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin D. Sturm, Sr.	
STREET ADDRESS	651 Preserve View	
CITY - ST - ZIP	Ponte Vedra, FL 32081	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert A. Cox	
STREET ADDRESS	395 East State St.	
CITY - ST - ZIP	Doylestown, PA 18901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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**

Robin D. Sturm, Sr.

2/28/07 904-733-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #