

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED FILED  
Feb 25, 2008 08:00 AM  
Secretary of State

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.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

20-0584488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRUM, ROBIN D SR  
651 PRESERVE VIEW  
PONTE VEDRA FL 32081

Name

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

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

P  
STRUM, ROBIN D SR  
651 PRESERVE VIEW  
PONTE VEDRA FL 32081

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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ST  
COX, ROBERT  
395 EAST STATE ST  
DOYLESTOWN PA 18901

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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*

Robin D. Sturm, Sr 2/19/08 904-733-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number