


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/2005-90173-008-\$150.00-\$150.00

DOCUMENT # P04000012881

1. Entity Name
FIRST COAST GRASSING AND EROSION SERVICES, INC.



05 JUN -1 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50047793

Principal Place of Business: 4670 A1A SOUTH UNIT T8A ST. AUGUSTINE, FL 32080

Mailing Address: 4670 A1A SOUTH UNIT T8A ST. AUGUSTINE, FL 32080



2. Principal Place of Business: 6847 Rivercrest Dr. Suite, Apt. #, etc.

3. Mailing Address: 6847 Rivercrest Dr. Suite, Apt. #, etc.

03292005 Chg-P CR2E034 (10/03)

City & State: JACKSONVILLE FL

City & State: JACKSONVILLE FL

Zip: 32226 Country

Zip: 32226 Country

4. FEL Number: 83-0382474

Applied For: Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONGER, DANIEL M
4670 A1A SOUTH UNIT T8A
ST. AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): 6847 Rivercrest Dr.

City: JACKSONVILLE FL Zip Code: 32226

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: _____ (NOTE: Registered Agent signature required when re-appointing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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 CONGER, DANIEL M 4670 A1A SOUTH, UNIT T8A ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6847 Rivercrest Dr. Jax 32226 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 904-219-1139
Date Daytime Phone #