2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# P04000032448

Entity Name: FIRST COAST FINANCIAL GROUP OF JACKSONVILLE, INC.

Current Principal Place of Business:

3429 NORTH RIDE CIRCLE S.
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

12627 SAN JOSE BLVD
SUITE 602
JACKSONVILLE, FL 32223 US

Current Mailing Address:

3429 NORTH RIDE CIRCLE S.
JACKSONVILLE, FL 32223 US

New Mailing Address:

12627 SAN JOSE BLVD
SUITE 602
JACKSONVILLE, FL 32223 US

FEI Number: 20-0752049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALDRICH, JAMES W II
3429 NORTH RIDE CIRCLE S.
JACKSONVLLE, FL 32223 US

Name and Address of New Registered Agent:

ALDRICH, JAMES W II
12627 SAN JOSE BLVD
SUITE 602
JACKSONVLLE, FL 32223 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: 02/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALDRICH, JAMES W II
Address: 3429 NORTH RIDE CIRCLE S.
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D ( ) Delete
Name: DAVIS, THOMAS L
Address: 3429 NORTH RIDE CIRCLE S.
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DAVIS, THOMAS L
Address: 238 SOPHIA TERRACE
City-St-Zip: ST AUGUSTINE, FL 32095 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS L. DAVIS D 02/25/2005
Electronic Signature of Signing Officer or Director Date