


2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/13/2005-90012-019-~~\$150.00~~\$150.00

05 SEP 19 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000121362			
1. Entity Name 1ST COAST FINANCIAL SERVICES INC.			
Principal Place of Business 4337 APPLE TREE PLACE JACKSONVILLE, FL 32258		Mailing Address 4337 APPLE TREE PLACE JACKSONVILLE, FL 32258	
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 201540530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		CR2E034 (10/03) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLACE, GARY 4337 APPLE TREE PLACE JACKSONVILLE, FL 32258		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TERLIZZI, VINCENT 4337 APPLE TREE PLACE JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ag 9/20</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>		7/5/05 9047428777 Date Daytime Phone #	

September 13, 2005

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Reference Number: P04000121362

Dear: Ms. Hood

I am responding to your letter of July 15, 2005 informing me that my annual report has not been filed. I never received the original bill asking me to pay the \$150 fee for filing. I only received the bill for the \$150 plus the \$400 in late fees. I sent in my \$150 fee and I am asking you to waive the amount of \$400 for late fees. I would have sent the \$150 as soon as I received a bill. This is the first time, as a business owner, that I had to pay this fee and I was unaware of any late charge that could be incurred.

Sincerely,

A handwritten signature in black ink, appearing to read 'V. Terlizzi', with a long horizontal flourish extending to the right.

Vincent A. Terlizzi
1st Coast Financial Services Inc.
4337 Apple Tree Place
Jacksonville, FL 32258

If you have any questions please call me at 904-742-8777. Please file my annual report as soon as possible.