


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90386 021 \*\*\*150.00

<b>DOCUMENT # P04000123011</b> 1. Entity Name <b>FIRST COAST SERVICES OF CLAY COUNTY AND DUVAL COUNTY, INC.</b>					
Principal Place of Business <b>1268 BLANDING BLVD. ORANGE PARK, FL 32065</b>			Mailing Address <b>1268 BLANDING BLVD. ORANGE PARK, FL 32065</b>		
2. Principal Place of Business <b>1268 BLANDING BLVD</b> Suite, Apt. #, etc. <b>D</b>		3. Mailing Address <b>1268 BLANDING BLVD</b> Suite, Apt. #, etc. <b>D</b>			
City & State <b>ORANGE PARK, FL</b>		City & State <b>ORANGE PARK, FL</b>		4. FEI Number <b>20-1492515</b>	
Zip <b>32065</b>		Country <b>CLAY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEPANEK, FRED 117 CENTRE ST. STE. 3 FERNANDINA BEACH, FL 32034</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PELKY, JAMES K 449 ARTHUR MOORE DR. GREEN COVE SPRINGS, FL 32043</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST PELKY, LAURIE 449 ARTHUR MOORE DR. GREEN COVE SPRINGS, FL 32043</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BERGER, CRAIG 1268 BLANDING BLVD. ORANGE PARK, FL 32065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>James A. Pelky / Laurie A. Pelky</i> <b>4-27-05</b> <b>(904) 213-4291</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					