

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90008 013 ***158.75

DOCUMENT # P05000011359 1. Entity Name FIRST COAST APARTMENTS, INC.					
Principal Place of Business 6817 SOUTHPOINT PARKWAY SUITE 503 JACKSONVILLE, FL 32216			Mailing Address 6817 SOUTHPOINT PARKWAY SUITE 503 JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-2207243</div>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HUGHES, PHAEDRA L 10645 PARLIAMENT PLACE JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name <div style="font-size: 1.2em; font-family: cursive;">Phaedra Hughes</div> Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; font-family: cursive;">8290 Gate Pkwy West #407</div> City <div style="font-size: 1.2em; font-family: cursive;">Jacksonville</div> FL Zip Code <div style="font-size: 1.2em; font-family: cursive;">32216</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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <div style="font-size: 1.2em; font-family: cursive;">Phaedra Hughes</div> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, BLAKELY C 10645 PARLIAMENT PLACE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANTHAPANNH, JACKSON 12437 FEATHER DRIVE MIRALOMA, CA 91752 <input checked="" type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Chapter 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: <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="font-size: 1.2em; font-family: cursive;">S-21-06 904-281-0081</div> <small>Date Daytime Phone #</small>		