2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# P05000108190

Entity Name: FIRST COAST REPTILES, INC.

Current Principal Place of Business:

4625 JULINGTON CREEK RD
JACKSONVILLE, FL 32258

New Principal Place of Business:

5834 LONE PINE RD
JACKSONVILLE, FL 32216

Current Mailing Address:

4625 JULINGTON CREEK RD
JACKSONVILLE, FL 32258

New Mailing Address:

5834 LONE PINE RD
JACKSONVILLE, FL 32216

FEI Number: 22-3916160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS INC
515 E PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPAFFORD, JOHN
Address: 4625 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD ( ) Delete
Name: SPAFFORD, MARCIA
Address: 4625 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD (X) Delete
Name: SPAFFORD, TAYLOR
Address: 4625 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD (X) Delete
Name: SPAFFORD, JOHNNY
Address: 4625 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: D (X) Delete
Name: SPAFFORD, LUKE
Address: 4625 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN SPAFFORD PRES 04/29/2006

Electronic Signature of Signing Officer or Director Date