

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150416

Entity Name: FIRST COAST INSURANCE, INC.

FILED  
Apr 19, 2006  
Secretary of State

## Current Principal Place of Business:

2870 UNIVERSITY BLVD. WEST  
103  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

## Current Mailing Address:

2870 UNIVERSITY BLVD. WEST  
103  
JACKSONVILLE, FL 32217

## New Mailing Address:

880 BONAPARTE LANDING BLVD  
JACKSONVILLE, FL 32218

FEI Number: 20-3781040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NGUYEN, SYLVIA P  
2870 UNIVERSITY BLVD. WEST  
103  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

NGUYEN, SYLVIA P  
880 BONAPARTE LANDING BLVD  
JACKSONVILLE, FL 32218 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: SYLVIANGUYEN

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NGUYEN, SYLVIA P  
Address: 2870 UNIVERSITY BLVD. WEST #103  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP ( ) Delete  
Name: NGUYEN, ANDREW N  
Address: 2870 UNIVERSITY BLVD. WEST #103  
City-St-Zip: JACKSONVILLE, FL 32217

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NGUYEN, SYLVIA P  
Address: 880 BONAPARTE LANDING BLVD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Change ( ) Addition  
Name: NGUYEN, ANDREW N  
Address: 880 BONAPARTE LANDING BLVD  
City-St-Zip: JACKSONVILLE, FL 32218

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: SYLVIANGUYEN

MRS

04/19/2006

Electronic Signature of Signing Officer or Director

Date