

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103144

Entity Name: 1ST COAST SYSTEMS, INC.

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

11512 LAKE MEAD AVENUE
303
JACKSONVILLE, FL 32256

Current Mailing Address:

11512 LAKE MEAD AVENUE
303
JACKSONVILLE, FL 32256

New Principal Place of Business:

11512 LAKE MEAD AVENUE
304
JACKSONVILLE, FL 32256

New Mailing Address:

11512 LAKE MEAD AVENUE
304
JACKSONVILLE, FL 32256

FEI Number: 20-5320457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEDEL, TIM
11512 LAKE MEAD AVENUE
303
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

WEDEL, TIM
11512 LAKE MEAD AVENUE
304
JACKSONVILLE, FL 32256 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:

01/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WEDEL, TIM
Address: 11512 LAKE MEAD AVENUE, SUITE 303
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: WEDEL, BRYAN
Address: 11512 LAKE MEAD AVENUE, SUITE 303
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WEDEL, TIM
Address: 11512 LAKE MEAD AVENUE, SUITE 304
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Change () Addition
Name: WEDEL, BRYAN
Address: 11512 LAKE MEAD AVENUE, SUITE 304
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify 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: TIM WEDEL

PRES

01/18/2008

Electronic Signature of Signing Officer or Director

Date