

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

04-20-2007 90088 018 ***150.00

DOCUMENT # P06000121550 1. Entity Name FIRST COAST HUMAN SYSTEMS CONSULTING, INC.					
Principal Place of Business 24 CATHEDRAL PLACE SUITE 607 ST. AUGUSTINE FL 32084 US			Mailing Address 24 CATHEDRAL PLACE SUITE 607 ST. AUGUSTINE FL 32084 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 170 Makarios Dr. Unit 7			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. FEI Number 51-0603971	
Zip 32080		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEAL, MARY B 24 CATHEDRAL PLACE SUITE 607 ST. AUGUSTINE FL 32084				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Mary B Neal</i> 5-6-07 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEAL, MARY B 24 CATHEDRAL PLACE ST. AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 170 Makarios Dr., Unit 7 St. Augustine, FL 32080	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Mary B Neal</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mary B. Neal			President		4/11/07 Date
			904/471-6109 Daytime Phone #		