## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000123821

Entity Name: FCM PROPERTIES, INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5221 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 4566 ST. AUGUSTINE ROAD PO BOX 10605 JACKSONVILLE, FL 32247 JACKSONVILLE, FL 32207 FEI Number: 20-5621233 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANT ABRAHAM REITER MCCORMICK & GREENE PA 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE, FL 32202 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BOST, HARLAN Name: Name: 1954 SAN MARIE DRIVE SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: DS () Delete Title: () Change () Addition BOST, PATRICIA Q Name: Name: 1954 SAN MARIE DRIVE SOUTH Address: Address: JACKSONVILLE, FL 32217 City-St-Zip: City-St-Zip:

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: HARLAN BOST DP 04/30/2009