## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000002906

Entity Name: FIRST COAST EMPTY NEST, INC

9221 TOUZET AVENUE

ST. AUGUSTINE, FL 32092

Address: City-St-Zip: FILED Apr 09, 2008 Secretary of State

| •   |  | - · · · · · · · · · · · · · · · · · · · |   |  |  |
|---|--|---|---|--|--|
| Current P                                     | rincipal Place   | of Business:                            | New Principal Place of                      | New Principal Place of Business:             |  |
|   | ZET AVENUE<br>GUSTINE, FL                              | 32092                                   |   |  |  |
| Current M                                     | lailing Addres   | ss:                                     | New Mailing Address                         | New Mailing Address:                         |  |
|   | ZET AVENUE<br>GUSTINE, FL                              | 32092                                   |   |  |  |
| FEI Number                                    | : 59-3158865   | FEI Number Applied For()                | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 9221 TOÚ.                                     | BERNARD M<br>ZET AVENUE<br>GUSTINE, FL                 | 32092 US                                |   |  |  |
|   | e named entity :<br>e of Florida.                      | submits this statement for the          | purpose of changing its registered          | I office or registered agent, or both,       |  |
| SIGNATU                                       | RE:  |   |   |  |  |
| Electronic Signature of Registered Agent      |  |   | jent  | Date   |  |
| Election Car                                  | mpaign Financin  | g Trust Fund Contribution ( ).          |   |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ( )<br>HOCKLE, BERI<br>9221 TOUZET :<br>ST AUGUSTINE | AVENUE                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D ( )<br>HOCKLE, KATH<br>9221 TOUZET :<br>ST AUGUSTINE | AVENUE                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                               | D ( )<br>DEZSI, JULIUS                                 | Delete<br>J                             | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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.

Address:

City-St-Zip:

SIGNATURE: KATHRYN HOCKLE D 04/09/2008