


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000008985 1. Entity Name FIRST COAST INVESTMENTS, INC.	
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Principal Place of Business 7633 HOLIDAY RD SO JACKSONVILLE, FL 32216	Mailing Address 7633 HOLIDAY RD SO JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3155651	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YAZGI, MONIE MONIR 7633 HOLIDAY RD S JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAZGI, TOM 6920 LA LOMA DR JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARHAT, SAID 1309 JOURNEYS END LN JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, JOE L 1823 LANDWOOD ST JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YAZGI, MONIR 7633 HOLIDAY RD S JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, LOUIS JR. 3982 CHESTWOOD AVE JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YAZGI, ABDO 1277 BEACH AVE ATLANTIC BEACH, FL 32233

000000786950
01/17/08-80063-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Monie Yazgi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Secretary</i> <small>Secretary</small>	<i>1/14/09</i> <small>Date</small>	<i>904-731-8822</i> <small>Daytime Phone #</small>
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