

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000064441

1. Entity Name
FLORIDA WEST COAST PROPERTIES, INC.



Principal Place of Business
**200 WEST FORSYTH STREET
SUITE 1600
JACKSONVILLE, FL 32202**

Mailing Address
**P.O. BOX 52898
JACKSONVILLE, FL 32201-2898**



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3200964

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWTON, RUSSELL B III
200 FORSYTH STREET STE 1600
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NEWTON, WILLIAM T. M
STREET ADDRESS	1445 EDGEWOOD CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	NEWTON, RUSSELL B III
STREET ADDRESS	1855 AVONDALE CIRCLE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	MANN, WILLIAM R
STREET ADDRESS	1843 WOODMERE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80110-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (904) 356-1739

Date

Daytime Phone #