

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 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



01112006 No Chg-P CR2E034 (11/05)

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, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000538995
05/09/06-80083-007 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 354-1779

Daytime Phone #