


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90036 001 \*\*\*150.00

<b>DOCUMENT # P94000080516</b> 1. Entity Name <b>FIRST COAST DEVELOPMENT GROUP, INC.</b>					
Principal Place of Business <b>4745 SUTTON PARK COURT BUILDING 500, SUITE 501 JACKSONVILLE, FL 32224 US</b>			Mailing Address <b>4745 SUTTON PARK COURT BUILDING 500, SUITE 501 JACKSONVILLE, FL 32224 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3276752</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BARTLETT, BARON BARTLETT &amp; HECKIN, P.A. 50 HIGHWAY A1A., SUITE 103 PONTE VEDRA BEACH, FL 33082</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAUSEND, THOMAS</b>		NAME		
STREET ADDRESS	<b>4745 SUTTON PARK COURT BLDG. 500, STE 501</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>		CITY-ST-ZIP		
TITLE	P/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LENDRY, BRYAN J.</b>		NAME		
STREET ADDRESS	<b>4745 SUTTON PARK COURT BLDG. 500 STE.501</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VP/T/S</b>	
STREET ADDRESS			STREET ADDRESS	<b>Jeffrey E. Tabb</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>4745 Sutton Park Court-Ste 501</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Jacksonville, FL 32224</b>	
STREET ADDRESS			STREET ADDRESS	<b>VP</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Beth Antzaklis</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>4745 Sutton Park Court-Ste 501</b>	
STREET ADDRESS			STREET ADDRESS	<b>Jacksonville, FL 32224</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			904-04-02-04 904-992-2100 Date Daytime Phone #		