

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000080516

1. Entity Name

FIRST COAST DEVELOPMENT GROUP, INC.



Principal Place of Business

4745 SUTTON PARK COURT
BUILDING 500, SUITE 501
JACKSONVILLE, FL 32224 US

Mailing Address

4745 SUTTON PARK COURT
BUILDING 500, SUITE 501
JACKSONVILLE, FL 32224 US



04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3276752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, BARON
BARTLETT & HEEKIN, P.A.
50 HIGHWAY A1A., SUITE 103
PONTE VEDRA BEACH, FL 33082

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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

U000000314960
04/19/05-80014-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
DAUSEND, THOMAS
4745 SUTTON PARK COURT BLDG. 500, STE 501
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
LENDRY, BRYAN J.
4745 SUTTON PARK COURT BLDG. 500 STE.501
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
TABB, JEFFREY E
4745 SUTTON PARK COURT, STE.501
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ANTZAKLIS, BETH
4745 SUTTON PARK COURT, STE. 501
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Bryan J. Lendry

4/8/05

Date

904-992-2100

Daytime Phone #