


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000013625**  
 1. Entity Name  
**FIRST COAST LAND CO., INC.**



Principal Place of Business <b>4419 HARBOUR ISLAND DRIVE          JACKSONVILLE, FL 32225 US</b>	Mailing Address <b>4419 HARBOUR ISLAND DRIVE          JACKSONVILLE, FL 32225 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3434483</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**GAUDRY, CHARLES L JR.  
 4419 HARBOUR ISLAND DRIVE  
 JACKSONVILLE, FL 32226**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
--	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCLAMB, JAMES N 2981 SHOREWARD AVE. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD GAUDRY, CHARLES L JR 4419 HARBOUR ISLAND DR. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAMPE, JANIS 10548 FT. GEORGE RD. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BETZ, G.C. 6470 SW 80TH AVE. TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000378751  
 01/09/06-80020-010 150.00

**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:** Charles L. Gaudry, Jr. **CHARLES L. GAUDRY, JR.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES.** 1/4/06 **1/4/06** 904-620-8196  
Date Daytime Phone #