

**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
**4419 HARBOUR ISLAND DRIVE
JACKSONVILLE, FL 32225 US**

Mailing Address
**4419 HARBOUR ISLAND DRIVE
JACKSONVILLE, FL 32225 US**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3434483

Applied For
Not Applicable

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

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 _____

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
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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES L. GAUDRY, JR.
PRES.**

1/4/06 904-620-8196
Date Daytime Phone #