

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000021441

1. Entity Name
SOUTHCOAST PCS CORPORATION



Principal Place of Business
**1 INDEPENDENT DR
STE 1600
JACKSONVILLE, FL 32202-5009 US**

Mailing Address
**1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32202-5009 US**



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3302440

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIELDS, DAVID R
1 INDEPENDENT DR
SUITE 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOVETT, W.R. II
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE VT
NAME SHIELDS, DAVID R
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME LOEB, K L
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME LOVETT, P. R
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE D
NAME FANT, LAUREN L
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE S
NAME MELLO, JEANNINE
STREET ADDRESS 1 INDEPENDENT DR STE 1600
CITY-ST-ZIP JACKSONVILLE, FL 32202

1100000307456
04/15/05-80056-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

Date

Daytime Phone #