

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 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**



03312006 No Chg-P CR2E034 (11/05)

**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, 2008 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. H
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

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04/22/06-80085-010 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/06**  
Date

**904-634-8808**  
Daytime Phone #