

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 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



03302007 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, 2007 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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04/17/07-80060-003 150.00

**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

4/2/07  
Date

904-634-8808  
Daytime Phone #