

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021441

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: SOUTHCOAST PCS CORPORATION

## Current Principal Place of Business:

1 INDEPENDENT DR  
STE 1600  
JACKSONVILLE, FL 322025009 US

## New Principal Place of Business:

## Current Mailing Address:

1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE, FL 322025009 US

## New Mailing Address:

FEI Number: 59-3302440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIELDS, DAVID R  
1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOVETT, W.R. II  
Address: 1 INDEPENDENT DR STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VT ( ) Delete  
Name: SHIELDS, DAVID R  
Address: 1 INDEPENDENT DR STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: LOEB, K L  
Address: 1 INDEPENDENT DR STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: LOVETT, P. H  
Address: 1 INDEPENDENT DR STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: FANT, LAUREN L  
Address: 1 INDEPENDENT DR STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

Title: S ( ) Delete  
Name: MELLO, JEANNINE  
Address: 1 INDEPENDENT DR STE 1600  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNINE MELLO

S

04/07/2009

Electronic Signature of Signing Officer or Director

Date