

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90288 032 ***150.00

DOCUMENT # P95000050500					
1. Entity Name CAROLINA FIRST COAST PROPERTIES, INC.					
Principal Place of Business 8431 NEW KINGS ROAD SUITE 2 PO BOX 82 JACKSONVILLE, FL 32219-0082			Mailing Address 8431 NEW KINGS ROAD SUITE 2 PO BOX 82 JACKSONVILLE, FL 32219-0082		
2. Principal Place of Business 818 CANAL ST.		3. Mailing Address 818 CANAL ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022004 Chg-P CR2E034 (10/03)	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-3335812	
Zip 32209		Zip 32209		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLBROOK, H. LEON 2301 INDEPENDENT DRIVE JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name ROBERT C. CONOLLY Street Address (P.O. Box Number is Not Acceptable) 818 CANAL ST. City JACKSONVILLE, FL Zip Code 32209			
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  ROBERT C. CONOLLY 4-2-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CONOLLY, ROBERT C <input type="checkbox"/> Delete 4815 ARAPAHOE AVENUE JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONOLLY, MARGARET C <input type="checkbox"/> Delete 4815 ARAPAHOE AVENUE JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  ROBERT C. CONOLLY 4-2-04 904-354-0355 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					