## =2004=FOR=PROFIT=CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P96000012246

Entity Name

FIRST COAST ASSET MANAGEMENT COMPANY, INC.



## FILED May 24, 2004 8:00 am Secretary of State

05-24-2004 90011 041 \*\*\*150.00

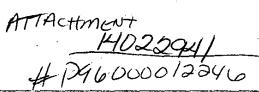
Principal Place of Busines	SS	Mailing Address		=,,			
1015 ATLANTIC BLVD		1015 ATLANTIC BLVD					
124		124	2222				
ATLANTIC BEACH FL 32233		ATLANTIC BEACH FL 32233		i jedných stá čhila blíli abili borci dosti Dátau i	 	<b>   123</b>       <b>   129</b>	
2 Principal Place of Pusi	2000	2 Mailing Address					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			NOODE ODDES		
				MOORE CR2E0	34 (11/03)		
City & State		City & State		4. FEI Number	Ap	oplied For	
				59-3364211	No	ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	<b>\$8.75</b> Add	
				Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
PATTERSON, BETH N PA				Hamb			
1304 GLENO		Street Address (		P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32207							
				City	F	Zip Cod	е
8. The above named enti	tv submits this statement for	the purpose of changing its r	egistered	office or register	ed agent, or both, in the State of Florida. I a	—	and accept
the obligations of regis		the purpose of arranging no	9,0,0,0	unios si regiotori	od again, or born, in the state of honea.	71 Tal 71111(21 ***(11),	und accept
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, 2004 Fee will be \$550.00					9. Election Campaign Financing		O May Be
	o Florida Department of	State			Trust Fund Contribution.	☐ Added	I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR:	3 IN 11
TITLE P 15 15 15	erio di di	☐ Delete	TITLE			Change	Addition
1 1 2	OLD, PAMELA		NAME				
	ANTIC BLVD			ADDRESS			
	BEACH FL 32233	·	CITY-ST	- ZIP	. 7999-044444		
LILLE A	IOLD OADVD	☐ Delete	TITLE	}		☐ Change	Addition
	IOLD, GARY R ANTIC BLVD		NAME	ADDRESS			
	C BEACH FL 32233		CITY-ST	i			
TITLE		Delete	TITLE			☐ Change	Addition
NAME	·	/•	NAME	• .		☐ Ottaliås	☐ MODITION
STREET ADDRESS-	,. <del>,</del>		STREET /	ADDRESS -			
CITY-ST-ZIP			CITY-ST	-ZIP			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS				ADDRESS			
City-St-ZiP			CITY-ST	- ZIP			
THILE		☐ Delete	TITLE			Change	☐ Addition
NAME STREET AUDRESS			NAME	ADDRECT			
CITY-ST-ZIP			STREET #				1
				LP.		[] C+	FT 4439
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			CITY-ST				
12. Thereby 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:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #



71
I was in CANADA - however I requested forms to be focuseded by U.S. MAIL and they never were delivered.
forms to be followed ed by U.S. MAIL sold they
Weller well delineed
Please can me At 904-707-9063 if I CAD ANSWER ANY QUESTIONS,
CAD ANSWER AND SURIFICANS
7
·
- PRIDERTIES INC. Gary Wetherhold, een
P.I Wetherhold, president  1015 Atlantic Blvd, saite 124
Onebec City, Qc. G1R 5N6 Phone: (904) 270 8605 Phone: (904) 270 8605
1302 (-10) 03- 130-
Gary: Universal Cell: (994) 707 9063 entail: fcam124@ hotmail.com
P.J.: Universal Cell: (904) 635 6253 email: quelectady@hotmail.com