## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 13, 2006 8:00 am Secretary of State DOCUMENT # P96000012246 03-13-2006 90060 009 \*\*\*150.00 FIRST COAST ASSET MANAGEMENT COMPANY, INC. Mailing Address Principal Place of Business 1015 ATLANTIC BLVD 1015 ATLANTIC BLVD ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 03032006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3364211 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON, BETH N PA Street Address (P.O. Box Number is Not Acceptable) 1304 GLENGARRY RD JACKSONVILLE, FL 32207 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME WETHERHOLD, PAMELA NAME STREET ADDRESS 1015 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition WETHERHOLD, GARY R NAME NAME 1015 ATLANTIC BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH, FL 32233 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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<sup>®</sup>

FILED