


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90456 021 ***150.00

DOCUMENT # P96000012246	
1. Entity Name FIRST COAST ASSET MANAGEMENT COMPANY, INC.	

Principal Place of Business 1015 ATLANTIC BLVD 124 ATLANTIC BEACH, FL 32233	Mailing Address 1015 ATLANTIC BLVD 124 ATLANTIC BEACH, FL 32233
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2. Principal Place of Business - No P.O. Box # 5651 COLCORD AVENUE	3. Mailing Address 5651 COLCORD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32211	Country USA

	
04272007	Chg-P CR2E034 (12/06)
4. FEI Number 59-3364211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PATTERSON, BETH N PA 1304 GLENGARRY RD JACKSONVILLE, FL 32207	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WETHERHOLD, PAMELA 1015 ATLANTIC BLVD ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5651 COLCORD AVENUE 32211 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WETHERHOLD, GARY R 1015 ATLANTIC BLVD ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5651 COLCORD AVENUE 32211 <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 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.	
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SIGNATURE: 	4/27/07	VP
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small>		<small>Daytime Phone #</small>