

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90042 036 ***150.00

DOCUMENT # P96000012283	
1. Entity Name FIRST COAST REALTY MANAGEMENT, INC.	



Principal Place of Business 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL 32073	Mailing Address 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL 32073
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50004315



2. Principal Place of Business 786 BLANDING BLVD. SUITE, Apt. #, etc. 122	3. Mailing Address 786 BLANDING BLVD. SUITE, Apt. #, etc. 122
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01072005 Chg-P CR2E034 (10/03)

City & State ORANGE PARK, FL	City & State ORANGE PARK, FL
Zip 32065	Country CLAY

4. FEI Number 59-3358739	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 PERRY, ALAN 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL 32073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 786 BLANDING BLVD SUITE 122 City ORANGE PARK FL Zip Code 32065
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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 ALAN PERRY DATE 1/17/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DST PERRY, ALAN 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 786 BLANDING BLVD SUITE 122 ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONNER, JOHN W 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 786 BLANDING BLVD SUITE 122 ORANGE PARK, FL 32065
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
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
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
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)(l), 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: John W. Conner **JOHN W. CONNER** DATE 1/17/05 DAYTIME PHONE # 904-298-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR