## **2006 FOR PROFIT CORPORATION**

## Feb 10, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P96000012283 02-10-2006 90034 025 \*\*\*150.00 FIRST COAST REALTY MANAGEMENT, INC. Mailing Address Principal Place of Business 786 BLANDING BLVD 786 BLANDING BLVD 122 ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) JAME EXCEDT SUITE 118 SAME EXCEPT SUITE 118 City & State 4. FEI Number Applied For 59-3358739 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, ALAN Street Address (P.O. Box Number is Not Acceptable) 786 BLANDING BLVD STE 122 ORANGE PARK, FL 32065 STE 118 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DST ☐ Delete TITLE Change TITLE ☐ Addition NAME PERRY, ALAN NAME SAME, EXCEPT SUITE 118 786 BLANDING BLVD STE 422 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition CONNER, JOHN W NAME NAME SAME, EXCEPT SUITE 118 786 BLANDING BLVD STE 122 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP Delete □ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

FILED