

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000012283

1. Entity Name  
FIRST COAST REALTY MANAGEMENT, INC.



FILED

06 AUG -4 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08022006 Chg-P CR2E034 (11/05)

Principal Place of Business  
786 BLANDING BLVD  
STE 118  
ORANGE PARK, FL 32065

Mailing Address  
786 BLANDING BLVD  
STE 118  
ORANGE PARK, FL 32065

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3358739 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, ALAN  
786 BLANDING BLVD  
STE 118  
ORANGE PARK, FL 32065

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST  
NAME PERRY, ALAN  
STREET ADDRESS 786 BLANDING BLVD STE 118  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE DP  
NAME CONNER, JOHN W  
STREET ADDRESS 786 BLANDING BLVD, STE 118  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME Sarah Elizabeth Schoeff  
STREET ADDRESS 786 Blanding Blvd, Ste 118  
CITY-ST-ZIP Orange Park, FL 32065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN PERRY Secretary 2AUG06 904-298-2999

Date Daytime Phone

20 8/8