

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90010 049 ***150.00

DOCUMENT # P96000041455

1. Entity Name
FIRST COAST FINANCIAL ASSOCIATES, INC.



Principal Place of Business
**5150 PALM VALLEY ROAD
SUITE 302
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**5150 PALM VALLEY ROAD
SUITE 302
PONTE VEDRA BEACH, FL 32082**



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3378305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAN JUAN, DAVID A
5150 PALM VALLEY ROAD STE 302
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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 **DAVID SAN JUAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SAN JUAN, DAVID A**
STREET ADDRESS **5150 PALM VALLEY ROAD, STE 302**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **EVP**
NAME **COMOLLO, THOMAS**
STREET ADDRESS **5150 PALM VALLEY ROAD, STE 302**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Thomas Comollo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 **904 285 0048 x 102**
Date Daytime Phone #