

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90051 010 ***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		
2. Principal Place of Business - No P.O. Box # SODEAST MOSS WOOD TRACE		3. Mailing Address SODEAST MOSS WOOD TRACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PONTE VEDRA BEACH FL		City & State PONTE VEDRA BEACH FL		4. FEI Number 59-3378305	
Zip 32082		Country ST JOHN'S		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMOLLO, THOMAS E 5150 PALM VALLEY ROAD STE 302 PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name THOMAS COMOLLO Street Address (P.O. Box Number is Not Acceptable) SODEAST MOSS WOOD TRACE City PONTE VEDRA BEACH FL Zip Code 32082		
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 <u><i>Thomas Comollo</i></u> DATE <u>2/5/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES <input type="checkbox"/> Delete COMOLLO, THOMAS 5150 PALM VALLEY ROAD, STE 302 PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Thomas Comollo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/5/08</u> Daytime Phone # <u>9042809178</u>		