

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000054365

1. Entity Name
FLORIDA COAST DEVELOPMENT CORPORATION



Principal Place of Business
**10807 RIVERBANK TERRACE
BRADENTON, FL 34212 US**

Mailing Address
**PO BOX 2485
SARASOTA, FL 34230 US**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0678860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EPPARD, WALT
10807 RIVERBANK TERRACE
BRADENTON, FL 34212**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000403262
02/03/06-80040-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD EPPARD, WALT 10807 RIVERBANK TERRACE BRADENTON, FL 34212
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IN THIS SPACE**

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: *Walt Eppard* **PVTD** 1/23/06 941-750-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #