2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P96000097029 02-16-2004 90059 004 ***150.00 FIRST COAST OF ORANGE PARK, INC. Principal Place of Business Mailing Address 9951 ATLANTIC BLVE 9951 ATLANTIC BLVD SUITE 234 **SUITE 234** JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address *¹⇔*ऽ Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number onte Vedia 52-2007172 Not Applicable 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 -Attinger-C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Cannon C+ W City Porte Vedra Beach 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROWELL, KEVIN NAME NAME STREET ADORESS 2645 LONG WINTER LANE STREET ANDRESS OAKLAND MI 48363 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SLEIMAN, TONEY NAME NAME STREET ADDRESS 4347-10 UNIVERSITY BLVD STREET ADORESS CITY-ST-ZIP JACKSONVILLE FL 33216 CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addition NAME ATTINGER, BRUCE NAME STREET ADDRESS 19444 E LAKEWAY STREET ADDRESS CITY-ST-ZIP BATON ROUGE LA-70810 CITY-ST-ZIP. TITLE Delete ☐ Addition TITLE Change SINK, RIDGE NAME NAME 8160 BAYMEADOWS WAY W STE 110 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARLL PETER NAME 9951 ATLANTIC BLVD, SUITE 235 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP nne ☐ Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-782 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: NG OFFICER OR DIRECTOR Daytime Phone &

France attinger

Shice ATTINGER 2/2/04

FILED

Feb 25, 2004 8:00 am