

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90097 034 ***150.00

DOCUMENT # P97000007787

1. Entity Name

FIRST COAST OF REGENCY, INC.



Principal Place of Business

105 CANNON CT
PONTE VEDRA BEACH FL 32082
US

Mailing Address

105 CANNON CT
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

52-2023527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTINGER, SKIP
105 CANNON CT W
PONTE VEDRA BEACH FL 32082

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ROWELL, KEVIN
STREET ADDRESS 2645 LONG WINTER LANE
CITY-ST-ZIP OAKLAND MI 48363

TITLE ☒ Change ☐ Addition
NAME Kevin Rowell
STREET ADDRESS 3048 Hevon Ridge Drive
CITY-ST-ZIP Virginia Beach VA 23456

TITLE D ☐ Delete
NAME SINK, RIDGE
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #110
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BARLI, PAUL
STREET ADDRESS 7028 DALLAS ROAD
CITY-ST-ZIP BROOKLYN CENTER MN 55430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SLEIMAN, TONEY
STREET ADDRESS 4347-10 UNIVERSITY BLVD
CITY-ST-ZIP JACKSONVILLE FL 33216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BARLI, PETER
STREET ADDRESS 9951 ATLANTIC BLVD, SUITE 235
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☒ Change ☐ Addition
NAME Peter Barli
STREET ADDRESS 4924 Andros Drive
CITY-ST-ZIP Tampa FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

Skip Attinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/06 (904) 280-1904