DOCUMENT # P97000019721         1. Entity Name       Secretary of State         FIRST COAST INVESTIGATION & INFORMATION         Secretary of State         Principal Place of Business         Mailing Address         6543 TOUD ROAD         JACKSONVILLE, FL 32216       JACKSONVILLE, FL 32216         DO NOT WRITE IN THIS SPACE         O3292006         No Chg-P         CR2E034 (11/05)         4. FEI Number	2006 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 31, 2006 08:00 AM		
FIRST COAST INVESTIGATION & INFORMATION         SERVICES INVEC.         Image: Investigation of Dustrial States in P.O. BOX, 10673 MKSSIWH I.F. R. 32216         DO NOT WRITE IN THIS SPACE         Image: Investigation of Dustrial States in P.O. BOX, 10673 MKSSIWH I.F. R. 32216         DO NOT WRITE IN THIS SPACE         Image: Investigation of Dustrial States of Current Regulatered Agent         GREENE, THOMAS H JR, 225 WRST WATER STREET JACKSONVILLE, FL 32202         Image: Investigation of Dustrial States of Current Regulatered Agent         GREENE, THOMAS H JR, 226 WRST WATER STREET JACKSONVILLE, FL 32202         Image: Investigation of Dustrial Phila addement for the purpose of charging the regulatered files or registered agent the objection of registering agent agent with the statement for the purpose of charging the regulatered files or registered agent files approximation of the statement for the purpose of charging the registered agent files approximation of the Statement for the purpose of charging the registered agent files approximation of the Statement for the purpose of charging the registered agent files approximation of the Statement for the purpose of charging the registered agent files approximation of the Statement for the purpose of charging the registered agent files approximation of the Statement for the purpose of charging the registered agent files approximation of the Statement for the purpose of the part of the proximation of the purpose of the part of the part of the purpose of the purpose of the part							
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DO NOT WRITE IN THIS SPACE       000000000000000000000000000000000000	6543 TODD ROAD P.O. E		P.O. BOX, 10673	US			
GREENE, THOMAS H JR.     ZZS WEST WATER STREET     JACKSONVILLE, FL 32202      B. The above named entity submits his subserient for the purpose of changing its registered agent, or both, is the State of Florida. Law lamiliar with, and accept     ine obligation of registered agent     SIGNATURE     Signard, update puredums of registered agent     SIGNATURE     The Above named entity submits his subserient for the purpose of changing its registered agent, or both, is the State of Florida. Law lamiliar with, and accept     ine obligation agent     SIGNATURE     Signard, update puredums of registered agent     SIGNATURE     Signard, update puredums of registered agent     SIGNATURE     Signard, update puredums of registered agent     SIGNATURE	C	o not wrf	re in this SP/	ACE	03292006         No Chg-P         CR2E034 (11/05)           4. FEI Number         Applied For           59-3440193         Not Applicable           5. Certificate of Status Destrod         \$8.75 Additional		
The obligations of registered agent       SIGNATURE       SIGNATURE       FILE NOWTIL FEE IS \$150.00       After May 1, 2006 Fee will be \$550.00       Inter Function Comparison Financing       S5.00 May Be       Atter May 1, 2006 Fee will be \$550.00       Inter Function Comparison Financing       Inter Function Comparison Financing       S5.00 May Be       Added to Fees       INTER FORSE STORE NO DIRECTORS       INTER FORSE State No POST OFFICE BOX 10673 N/A       INTER FORSE STATE NO STATE       INTER FORSE STATE NO STATE       INTER FORSE STATE       INTEL FORSE STATE NO STATE </td <td colspan="3">GREENE, THOMAS H JR. 225 WEST WATER STREET</td> <td></td> <td></td>	GREENE, THOMAS H JR. 225 WEST WATER STREET						
After May 1, Z006 Fee will be \$350.00     Trust Fund Commbution.     Image: Added by Fees       10.     OFTICERS AND DIRECTORS     Image: Added by Fees       10.     OFTICERS AND DIRECTORS     Image: Added by Fees       10.     OFTICERS AND DIRECTORS     Image: Added by Fees       11.     D     SKIPPER, ROBERT N     Image: Added by Fees       11.     D     SKIPPER, ROBERT N     Image: Added by Fees       11.     D     Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees       11.     D     Image: Added by Fees     Image: Added by Fees <tr< td=""><td>the obligat</td><td>tions af registered agent</td><td></td><td></td><td></td></tr<>	the obligat	tions af registered agent					
ITTLE     D       MAKE     SKIPPER, ROBERT N       SIMELADDRESS     6543 TODD ROAD       SIMELADDRESS     SKIPPER, ROBERT N       SIMELADDRESS     SKIPPER, ROBERT N       SIMELADDRESS     CURRENADRESS       DACKSONVILLE, FL 32216     URRENADRESS       UTT-SI-2P     JACKSONVILLE, FL 32247       D     JACKSONVILLE, FL 32247       DITLE     D       MMK     WILLIAMS, WALTER       VILLIAMS, WALTER     POST OFFICE BOX 5966       POST OFFICE BOX 5966     N/A       JACKSONVILLE, FL 32247     DO NOT WRITE       ITTL     D       MKK     SKIPPER, HAZEL       SKIPPER, HAZEL     SKIPPER, HAZEL       SKIPTADRESS     G543 TODD RQAD       GIT-SI-2P     JACKSONVILLE, FL 32216	After M	ay 1, 2006 Fee will be \$5	50.00 Trust Fund Contribut		.00 May Be ed to Fees		
NAME     VHAGGORES       STREEL ADDRESS     POST OFFICE BOX 10673 N/A       JACKSONVILLE, FL 32247       TISLE       D       MAK       WILLIAMS, WALTER       SKRET ADDRSS       POST OFFICE BOX 5966 N/A       JACKSONVILLE, FL 32247       TISLE       D       MAK       SKRET ADDRSS       SHELT ADDRESS	TITLE NAME STREET ADDRESS CSTY-ST-DP TITLE	D SKIPPER, ROBERT N 6543 TODD ROAD JACKSONVILLE, FL 32216 D	AND DIRECTORS }		04/13/06-20033-005 150.00		
ITTLE     D       MAME     SKIPPER, HAZEL       SIREET ADDRESS     6543 TODD ROAD       GTY-ST-ZIP     JACKSONVILLE, FL 32216       WILE     JACKSONVILLE, FL 32216       WILE     STREET ADDRESS       CITY-ST-ZIP     International Contest in the strength of the stren	STREET ADDRESS CITY-ST-ZP TUTLE NAME	POST OFFICE BOX 10673 JACKSONVILLE, FL 32247 D WILLIAMS, WALTER	-				
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NAME STRLET ADDRESS CITY-SI-ZIP	NAME STREET ADDRESS GAY-SI-ZIP						
12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certily 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 call, that I am an officer or director of the comporation or the receiver or trustice 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.	NAME STREET ADDRESS CITY - ST - ZIP						
	<ol> <li>thereby c indicated of the cor changed,</li> </ol>	pertity that the information supplied on this report or supplemental reprovation of the receiver or instead or on an attachment with an addr	with this filing does not qualify for the ont is true and accurate and that my sig empowered to execute this report as re- ses, with all other like empowered.	exemptions contained inature shall have the iquired by Chapter 607	I in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if		