


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90008 013 ***150.00

EP DVNF OUI\$ P97000019721 2/ Entity Name FIRST COAST INVESTIGATION & INFORMATION SERVICES INC.	
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Principal Place of Business 7654 UPEESPEE REDTPOWNF QM43327	Mailing Address QIPICPY421784 REDTPOWNF QM43327!!!!!!VT
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EP OPU X SJF JO UI JT TQBDF



01102008 Op!Di h.Q DS3F145!22016*

5/ FEI Number 59-3440193	Applied For Not Applicable
6/ Certificate of Status Desired <input type="checkbox"/> %8/86 Beejupobm Gf!Sfrvjfe	

7/ Obn f!boelBee\$ t t!pgDv\$ ouSf hjt d f e!Bhf ou GREENE, THOMAS H JR. 225 WEST WATER STREET JACKSONVILLE, FL 32202
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9/ 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, 2008 Fee will be \$550.00	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbzlCf! Bee!up!Gf t
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21/ OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIPPER, ROBERT N 6543 TODD ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGGONER, JAKI POST OFFICE BOX 10673 N/A JACKSONVILLE, FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WALTER POST OFFICE BOX 5966 N/A JACKSONVILLE, FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIPPER, HAZEL 6543 TODD ROAD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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23/ 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.

T.HOBUSF: <i>Robert Skipper</i>	1-14-08	904-398-4076
T.HOBUSFIBOEIUCFEPSIOSLIFPOBNFPGT.HODHPGGDFSPSIE.SFDUPS	Date	Daytime Phone #