2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P97000019721

Entity Name: FIRST COAST INVESTIGATION & INFORMATION SERVICES INC.

Current Principal Place of Business:

6543 TODD ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX, 10673
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3440193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, THOMAS H JR.
225 WEST WATER STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SKIPPER, ROBERT N
Address: 6543 TODD ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: WAGGONER, JAKI
Address: POST OFFICE BOX 10673 N/A
City-St-Zip: JACKSONVILLE, FL 32247

Title: D ( ) Delete
Name: WILLIAMS, WALTER
Address: POST OFFICE BOX 5966 N/A
City-St-Zip: JACKSONVILLE, FL 32247

Title: D ( ) Delete
Name: SKIPPER, HAZEL
Address: 6543 TODD ROAD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB SKIPPER D 01/06/2009

Electronic Signature of Signing Officer or Director Date