

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90051 014 \*\*\*150.00

DOCUMENT # P97000037527

1. Entity Name

FIRST COAST METALS, INC.



Principal Place of Business

803 NORTH ST  
JACKSONVILLE FL 32211

Mailing Address

803 NORTH ST  
JACKSONVILLE FL 32211

2. Principal Place of Business

3901 Monument Rd.

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

Zip

32225

Country

U.S.

3. Mailing Address

3901 Monument Rd.

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

Zip

32225

Country

U.S.



MOORE

CR2E034 (11/03)

4. FEI Number

59-3442878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSS, GENE T  
337 E BAY ST  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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, 2004 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

TITLE D ☐ Delete  
NAME BISPLINGHOFF, DONALD SR  
STREET ADDRESS 803 N STREET  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Delete  
NAME BISPLINGHOFF, DONALD JR  
STREET ADDRESS 803 NORTH ST  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3901 Monument Rd, Suite 1  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3901 Monument Rd, Suite 1  
CITY-ST-ZIP JACKSONVILLE, FL 32225

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

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

TITLE ☐ Change ☐ Addition  
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 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:

*Don Bisplinghoff*  
Don Bisplinghoff

4/20/04 (904) 998-0458

Date

Daytime Phone #