

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000083735

1. Entity Name
FIRST COAST SECURITY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -3 AM 8:00

Principal Place of Business
316 BOATING CLUB RD
ST. AUGUSTINE, FL 32095

Mailing Address
316 BOATING CLUB RD
ST. AUGUSTINE, FL 32095

2. Principal Place of Business

3. Mailing Address



03142003

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number
59-3472387

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E JR.
77 ALMERIA STREET
ST. AUGUSTINE, FL 32084

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CROYLE, GARY E
316 BOATING CLUB RD
ST. AUGUSTINE, FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300037847063
06/10/04--01053--020 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/P
Jon F. Cisky
205 Viking Street
Palatka, FL 32177 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/P
Walter Moller
3020 3rd Street
St. Augustine, FL 32084 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/P
George Zeagler
8186 Boonesborough Trail
Jacksonville, FL 32244 ☐ Change ☒ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2404