2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000000955

1. Entity Name

FIRST COAST MACHINERY, INC.

Principal Place of Business	Mailing Address
2253 COMMODORE CLUB BLVD ST AUGUSTINE FL 32080	2253 COMMODORE CLUB BLVD ST AUGUSTINE FL 32080

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3481177	Applied For
			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLEY, SHARYN L 2253 COMMODORE CLUB BLVD SAINT AUGUSTINE FL 32080	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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME HOLLEY, SHARYN L STREET ADDRESS 2253 COMMODORE CLUB BLVD CITY-ST-ZIP SAINT AUGUSTINE FL 32080	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 04/06/05-80001-020 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: _Sharyn L Holley_   SHARYN L. HOLLEY   3/29/05   904-461-9935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #