

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90373 041 ***150.00

DOCUMENT # P98000004546

1. Entity Name
ENTERPRISE FIRST COAST CONSULTANTS,
INCORPORATED



Principal Place of Business
5238-19 NORWOOD AVENUE
JACKSONVILLE, FL 32208

Mailing Address
PO BOX 40544
JACKSONVILLE, FL 33203

2. Principal Place of Business 3. Mailing Address



04292004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
59-3487643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, ANDRE' L SR
1909 SHADOW RIDGE TRAIL
JACKSONVILLE, FL 32225

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

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 CP ☐ Delete
NAME MARTIN, ANDRE' L SR
STREET ADDRESS 1909 SHADOW RIDGE TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE DV ☐ Delete
NAME MARTIN, ADRIA M
STREET ADDRESS 1909 SHADOW RIDGE TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE DST ☐ Delete
NAME MARTIN, ANGELA M
STREET ADDRESS 1909 SHADOW RIDGE TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32225

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

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

Andre' L Martin, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

Daytime Phone #