

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90247 027 ***150.00

DOCUMENT # P98000004546

1. Entity Name
**ENTERPRISE FIRST COAST CONSULTANTS,
INCORPORATED**



Principal Place of Business
**5164-B NORWOOD AVENUE
JACKSONVILLE, FL 32208**

Mailing Address
**PO BOX 40544
JACKSONVILLE, FL 33203**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012008

Chg-P

CR2E034 (12/06)

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, 2008 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME MARTIN, ADRIA M
STREET ADDRESS 1909 SHADOW RIDGE TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☒ Change ☐ Addition
NAME *DV Martin, Angela M.*
STREET ADDRESS *1909 Shadow Ridge Trail*
CITY-ST-ZIP *Jacksonville, FL 32225*

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

TITLE ☒ Change ☐ Addition
NAME *DST Martin, Alton L.*
STREET ADDRESS *4420 Medallion Drive #418*
CITY-ST-ZIP *Orlando, FL 32808*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 exemptions contained 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 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

Andre L. Martin, Sr.
Date

5/1/08 (904) 764-4499
Daytime Phone #