

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000024200

Entity Name: FBS FIRST COAST, INC.

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2567 HUNTINGTON WAY  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

FEI Number: 59-3498124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT RD  
BLDG 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: FOGLEMAN, REVA S  
Address: 5143 LONGLEAF STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: DP  
Name: FOGLEMAN, CHRISTOPHER D  
Address: 5143 LONGLEAF ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: DCEO  
Name: FOGLEMAN, WILLIAM D  
Address: 5143 LONGLEAF ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: V  
Name: HOLLAND, RUSSELL  
Address: 5143 LONGLEAF STREET  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER D. FOGLEMAN

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03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date