

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90160 016 \*\*\*150.00

<b>DOCUMENT # P98000046321</b> 1. Entity Name <b>FIRST COAST SERVICE OPTIONS, INC.</b>					
Principal Place of Business <b>532 RIVERSIDE AVENUE JACKSONVILLE, FL 32202</b>			Mailing Address <b>532 RIVERSIDE AVENUE JACKSONVILLE, FL</b>		
2. Principal Place of Business		3. Mailing Address <b>532 Riverside Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Jacksonville, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-3514335</b>	
<b>32202</b>		<b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIKTER, HARVEY 532 RIVERSIDE AVENUE JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDONALD, DEANNA M.</b> <b>4800 DEERWOOD CAMPUS PKWY 100-6</b> <b>JACKSONVILLE, FL 32246</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C, D</b> <b>Lester J. Grantham</b> <b>4800 Deerwood Campus Parkway 100-8</b> <b>Jacksonville, FL 32246</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARDY, DORCAS R</b> <b>11407 STONEWALL JACKSON DRIVE</b> <b>SPOTSYLVANIA, VA 22553</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, COO</b> <b>Sandra L. Coston</b> <b>532 Riverside Avenue 20T</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARVIN, GUY</b> <b>1430 E. PIEDMONT DRIVE</b> <b>TALLAHASSEE, FL 32312</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, S, General Counsel</b> <b>Harvey B. Dikter</b> <b>532 Riverside Avenue 20T</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, BYRON JR</b> <b>8500 HECKSCHER DR.</b> <b>JACKSONVILLE, FL 32226</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, T, CFO</b> <b>Michael Davis</b> <b>532 Riverside Avenue 20T</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>LORD, CURTIS W</b> <b>532 RIVERSIDE AVE</b> <b>JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Frank L. James</b> <b>532 Riverside Avenue 3H</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Patricia M. Ainsley</b> <b>532 Riverside Avenue 3H</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____			<b>Harvey B. Dikter</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>April 27, 2006</b> Daytime Phone # <b>(904) 791-8760</b>		

ATTACHMENT

40068761  
#P98000046321

V  
Robert L. Malinky  
532 Riverside Avenue 18T  
Jacksonville, FL 32202

☒ Addition

V  
Mary K. Andrysiak  
532 Riverside Avenue 20T  
Jacksonville, FL 32202

☒ Addition