

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90037 002 ***150.00

DOCUMENT # S16178 1. Entity Name FIRST COAST COMMERCIAL REALTY, INC.					
Principal Place of Business 2111 SAWGRASS VILLAGE DRIVE PO BOX 2766 PONTE VEDRA BEACH, FL 32082 US			Mailing Address 2111 SAWGRASS VILLAGE DR PONTE VEDRA BEACH, FL 32082 US		
2. Principal Place of Business 1200 SHETTER AVE Suite, Apt. #, etc.		3. Mailing Address 1200 SHETTER AVE Suite, Apt. #, etc.			
City & State JACKSONVILLE Bch, FL Zip 32250 Country DUVAL		City & State JACKSONVILLE Bch, FL Zip 32250 Country DUVAL		4. FEI Number 59-3040758	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BENNER, TIMOTHY J. 5128 OTTER CREEK DR PONTE VEDRA BCH, FL 32082			7. Name and Address of New Registered Agent 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 <u><i>Tim Benner</i></u> 4/19/04 Tim Benner <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENNER, TIMOTHY J 2111 SAWGRASS VILL DR PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 SHETTER AVE JACKSONVILLE Bch, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KIRSCHMAN, ARTHUR 2111 SAWGRASS VILLAGE DR PONTE VEDRA BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 SHETTER AVE JACKSONVILLE Bch, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Tim Benner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/19/04 804-273-1111 <small>Date Daytime Phone #</small>		

34030440



03092004 Chg-P CR2E034 (10/03)