


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90194 006 ***150.00

DOCUMENT # S16178		
1. Entity Name FIRST COAST COMMERCIAL REALTY, INC.		

Principal Place of Business 1200 SHOTTER AVE. JACKSONVILLE BEACH, FL 32250 US	Mailing Address 1200 SHOTTER AVE. JACKSONVILLE BEACH, FL 32250 US
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50017371

2. Principal Place of Business <u>1185 SHOTTER AVE</u>	3. Mailing Address <u>P.O. Box 2766</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04132006 Chg-P CR2E034 (11/05)

City & State <u>JACKSONVILLE Bch, FL</u>	City & State <u>PONTE VEDRA Bch, FL</u>	4. FEI Number 59-3040758	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32250</u>	Zip <u>32004</u>	Country	Country

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

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 <u>Arthur Kirschman</u> Street Address (P.O. Box Number is Not Acceptable) <u>629 PALMERA DR E</u> City <u>PONTE VEDRA Bch</u> FL Zip Code <u>32082</u>	
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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 Arthur Kirschman MANAGING MEMBER 4/25/06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BENNER, TIMOTHY J 1200 SHOTTER AVE. JACKSONVILLE BEACH, FL 32250 <input checked="" 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	VS KIRSCHMAN, ARTHUR 1200 SHOTTER AVE. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES.</u> <u>KIRSCHMAN, ARTHUR</u> <u>629 PALMERA DR E.</u> <u>PONTE VEDRA Bch, FL 32082</u> <input checked="" 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
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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 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: Arthur Kirschman 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #