


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # S47895 1. Entity Name FIRST COAST MOVING & STORAGE CO.	
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Principal Place of Business 3428 CESSNA LANE FERNANDINA BEACH, FL 32034 US	Mailing Address FIRST COAST MOVING & STORAGE CO PO BOX 6062 FERNANDINA BEACH, FL 32035-6062 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3063851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POOLE, WESLEY R.
303 CENTRE ST
SUITE 200
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUBBS, JAMES STEPHEN 1916 LAKESIDE DR. N. FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STUBBS, MARY C. 1916 LAKESIDE DR. N. FERNANDINA BEACH, FL
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01/08/07-80018-010 150.00

**DO NOT WRITE
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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: *Mary C. Stubbs* **1-3-07** *904-261-6077*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #