

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V28993

Entity Name: FIRST COAST PALLET, INC.

**FILED**  
**May 24, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

85528 BAYVIEW RD  
YULEE, FL 32097 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

P. O. BOX 1647  
YULEE, FL 32041 US

## **New Mailing Address:**

FEI Number: 59-3118805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OBERDORFER, E. CHARLES  
1719 BLANDING BLVD.  
JACKSONVILLE, FL 32210 US

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

CRIMP, MARY  
85528 BAYVIEW RD  
YULEE, FL 32097 US

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: MARY E CRUMP

05/24/2005

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: CRUMP, JAMES EDWIN,  
Address: 85125 RADIO AVE  
City-St-Zip: YULEE, FL 32097

Title: D ( ) Delete  
Name: CRUMP, MARY,  
Address: 85125 RADIO AVE  
City-St-Zip: YULEE, FL 32097

Title: D ( ) Delete  
Name: CRUMP, KEVIN,  
Address: 75150 HARVESTER STREET  
City-St-Zip: YULEE, FL 32097

Title: D ( ) Delete  
Name: CRUMP, IVEY JR.,  
Address: 1820 DAVIS ROAD  
City-St-Zip: JACKSONVILLE, FL

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRUMP, MARY,  
Address: 85528 BAYVIEW RD  
City-St-Zip: YULEE, FL 32097

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WINTZ, CHARLES R  
Address: 4551 SHIRLEY AVE  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES R. WINTZ

D

05/24/2005

Electronic Signature of Signing Officer or Director

Date