

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V69613

FILED  
Mar 08, 2010  
Secretary of State

**Entity Name:** SOUTHCOAST CAPITAL CORPORATION

**Current Principal Place of Business:**

ONE INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE, FL 32233 US

**New Mailing Address:**

**FEI Number:** 59-3149323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LOVETT, W.R. II  
**Address:** 1 INDEPENDENT DR. SUITE 1600  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** VD  
**Name:** LOEB, K L  
**Address:** 1 INDEPENDENT DR. SUITE 1600  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** VD  
**Name:** LOVETT, P.H.  
**Address:** 1 INDEPENDENT DR. SUITE 1600  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** VT  
**Name:** SHIELDS, DAVID  
**Address:** 1 INDEPENDENT DR. SUITE 1600  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** S  
**Name:** MELLO, JEANNINE  
**Address:** 1 INDEPENDENT DR. SUITE 1600  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** VD  
**Name:** FANT, LAUREN L  
**Address:** 1 INDEPENDENT DR. SUITE 1600  
**City-St-Zip:** JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

**SIGNATURE:** JEANNINE MELLO

S

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date