

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062846

Entity Name: FIRST COAST LAND CARE, INC.

Current Principal Place of Business:

11859 OLD FIELD POINT DR.
JACKSONVILLE, FL 32223

Current Mailing Address:

11859 OLD FIELD POINT DR.
JACKSONVILLE, FL 32223 US

FEI Number: 26-2895209

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DHAEMERS, JARROD G OWNER
11859 OLD FIELD POINT DR.
JACKSONVILLE, FL 32223 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVST
Name DHAEMERS, JARROD G OWNER
Address 11859 OLD FIELD POINT DR.
City-State-Zip: JACKSONVILLE FL 32223

Title PVST
Name DHAEMERS, JARROD G
Address 11859 OLD FIELD POINT DR.
City-State-Zip: JACKSONVILLE FL 32223

Title PVST
Name BROWN, JUSTIN S
Address 336 HAMMOCK GROVE CT
City-State-Zip: JACKSONVILLE FL 32257

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: JARROD DHAEMERS

OWNER

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date