

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H45614 1. Entity Name ATLANTIC COAST FINANCIAL CONSULTANTS, INC.	
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Principal Place of Business 3800 W. BAY TO BAY BLVD SUITE 23 TAMPA, FL 33629-6844 US	Mailing Address 3800 W. BAY TO BAY BLVD SUITE 23 TAMPA, FL 33629-6844 US
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2502432	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OKELLEY, CHARLES F. 6212 J BAYSHORE BLVD. TAMPA, FL 33611

**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 _____
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, 2004 Fee will be \$550.00**

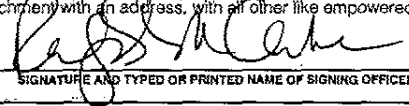
9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

**U000000108102
04/09/04-80041-018 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OKELLEY, CHARLES F. 6212-J BAYSHORE BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CLARKE, RALPHEAL M. 6212-J BAYSHORE BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, RALPHEAL M. 6212-J BAYSHORE BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **1-5-04** **813 835 8801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #