2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State
02-17-2006 90075 008 ***150.00

DOCUMENT # S62176

1. Entity Name
ATLANTIC COASTAL ELECTRONICS, INC.

Principal Place of Business	Mailing Address
2471 RIVERTREE CIRCLE SANFORD FL 32771-8334 US	2471 RIVERTREE CCIRCLE SANFORD FL 32771-8334 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country | Zip | Country USA

New Address to Remit
1875 Lake Markham Preserve Trail
Sanford, FL 32771
(407) 328-1040

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3082585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

current address

FOGLEMAN, DEBBIE S.
741 CRESTBROOK LOOP
LONGWOOD FL 32750

New Address to Remit
1875 Lake Markham Preserve Trail
Sanford, FL 32771
(407) 328-1040

7. Name and Address of New Registered Agent

Name

(P.O. Box Number is Not Acceptable)

FL Zip Code

8. The above named entity submits this statem... d agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 2-6-06
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, 2006 Fee Will Be $550.00**~~
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	FOGLEMAN, DEBBIE S	
STREET ADDRESS	2471 RIVERTREE CIRCLE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	☐ Delete
NAME	FOGLEMAN, SHAWN D	
STREET ADDRESS	2471 RIVERTREE CIRCLE	
CITY-ST-ZIP	SANFORD FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2/6/06 407 328 1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #