2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 343553

1. Entity Name
ATLANTIC CIVIL, INC.

Principal Place of Business	Mailing Address
9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156	9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1274059
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORCISE,STEVE
9350 S. DIXIE HIGHWAY
SUITE 1250
MIAMI, FL 33156

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	TORCISE, STEVE SR.
STREET ADDRESS	17900 SW 288TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	D
NAME	TORCISE, ADELL
STREET ADDRESS	17960 SW 288TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	P
NAME	TORCISE, STEVE JR.
STREET ADDRESS	6800 SW 101ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	TORCISE, RICK
STREET ADDRESS	18000 SW 288TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/04-80107-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Rick Torcise 2/23/04 3056709610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #