2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 125640 1. Entity Name ATLANTIC BEACH HOLDING COMPANY				Apr 27, 20	LED 006 08:00 AN ary of State
1937 SEVIL	e of Business LA BLVD W BCH FL 32233	Mailing Address 1937 SEVILLA BLVD ATLANTIC BCH FL 3			
2. Principal F	Place of Business	3. Mailing Address		4 CHR (18 (18 (18 (18 18 18 18 11 11 18 11	項目 同日本32 項信用45 項(用352 項(項目) 同日日日日 日日 45 名誉用45
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR	2E034 (10/05)
City & State		City & State		4. FEI Number 59-1356243	Applied For Not Applicable
Zip	Country	Zıp	Country	5. Certificate of Status Desired [\$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Regis	tered Agent
BULL, GEORGE JR 1937 SEVILLA BLVD W ATLANTIC BCH FL 32233			Street Address	s (P.O. Box Number is Not Acceptable)	
	Λ		City		FL Zip Code
	GRING STEEL	(NO period to the transpired and transpire	Is registered office or regist	tered agent, or both, in the State of Figrida 4 2 4 6 red when ronstaling) 9. Electron Campaign	DATE
	May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen			Trust Fund Contribu	
10.	T	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	· · · · · · · · · · · · · · · · · · ·
title Name	PDD BULL, GEORGE JR.	☐ Delete	TITLE NAME		☐ Change ☐ Addilic
STREET ADDRESS CITY-ST-ZIP	1937 SEVILLA BLVD W ATLANTIC BCH FL		STREET ADDRESS CITY-ST-ZIP	U0000053781	4
TITLE	VPD	☐ Delete	TITLE	U0000053781 05/09/06-89033	3-017_150.00 Additio
NAME CTOSET ADDOSECO	HARCOURT, BULL III		NAME		
STREET ADDRESS CITY-ST-ZIP	322 WIGFALL ST EDGEFIELD SC 29824-1267		STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET AODRESS		
CITY-ST-ZIP			CITY-ST-ZIP		<u></u>
title Name		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS		
GRY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE		Change Addition
NAME		Li Delete	NAME		Fi cyanda Fi woman
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	THE THE	·	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	Α		CITY-ST-ZIP		
indicated of the co if change	on this report of supplemental report rporation or the larguer or trustee end, or on an attack tierns with an add	with this filing does not qualify if is true and accurate and that empowered to execute this rep iress, with all other like empow	my signature shall have the ort as required by Chapter !	ned in Section 119, Florida Statutes, I furth e same legal effect as if made under oath, 607, Florida Statutes, and that my name a	ner certify that the information that I am an officer or director opears in Block 10 or Block 11
SIGNAT	UKE:		- 11-0100)	- M - 1/20 1,4,	, , , , ,

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR