


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 040 ***150.00

DOCUMENT # 562534					
1. Entity Name ATLANTIC ARCHITECT'S GROUP, INC.					
Principal Place of Business 242 5TH AVENUE INDIALANTIC, FL 32903			Mailing Address PO BOX 33307 INDIALANTIC, FL 32903		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1911669	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COCHRAN, ROBERT L., JR. 106 7TH AVE INDIALANTIC, FL 32903				Name	
				Street Address (P.O. Box Number is Not Acceptable) 242 Fifth Ave.	
				City	
				Indialantic FL 32903	
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 <u>Robert L. Cochran, Jr.</u> <u>4/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, ROBERT L		NAME		
STREET ADDRESS	207 RIVERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL		CITY-ST-ZIP		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, EVA MAE		NAME		
STREET ADDRESS	207 RIVERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, TERENCE, L		NAME		
STREET ADDRESS	504 INWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, ROBERT L., JR.		NAME		
STREET ADDRESS	106 7TH AVE		STREET ADDRESS	242 Fifth Ave.	
CITY-ST-ZIP	INDIALANTIC, FL		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <u>Robert L. Cochran, Sr.</u>			<u>4/4/05</u> <u>321-723-0406</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		