

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 562534

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ATLANTIC ARCHITECT'S GROUP, INC.

## Current Principal Place of Business:

242 5TH AVENUE  
INDIALANTIC, FL 32903

## New Principal Place of Business:

242 5TH AVENUE  
INDIALANTIC, FL 32903 US

## Current Mailing Address:

PO BOX 33307  
INDIALANTIC, FL 32903

## New Mailing Address:

PO BOX 33307  
INDIALANTIC, FL 32903 US

FEI Number: 59-1911669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COCHRAN, ROBERT L., JR.  
242 FIFTH AVE  
INDIALANTIC, FL 32903 US

## Name and Address of New Registered Agent:

COCHRAN, ROBERT L JR.  
242 FIFTH AVE  
INDIALANTIC, FL 32903 US

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.

SIGNATURE: ROBERT L COCHRAN, JR.

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: COCHRAN, ROBERT L  
Address: 207 RIVERSIDE DR  
City-St-Zip: MELBOURNE BEACH, FL

Title: PST ( ) Delete  
Name: COCHRAN, EVA MAE  
Address: 207 RIVERSIDE DR  
City-St-Zip: MELBOURNE BEACH, FL

Title: V ( ) Delete  
Name: MYERS, TERENCE L  
Address: 504 INWOOD LANE  
City-St-Zip: INDIAN HARBOUR BCH, FL

Title: V (X) Delete  
Name: COCHRAN, ROBERT L., JR.  
Address: 242 FIFTH AVE  
City-St-Zip: INDIALANTIC, FL 32903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: COCHRAN, ROBERT L JR  
Address: 242 FIFTH AVENUE  
City-St-Zip: INDIALANTIC, FL 32903 US

Title: ST (X) Change ( ) Addition  
Name: BROOKS, LINDA  
Address: 575 COCONUT ST.  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: VP (X) Change ( ) Addition  
Name: MYERS, TERENCE L  
Address: 504 INWOOD LANE  
City-St-Zip: INDIAN HARBOUR BCH, FL 32937 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L COCHRAN, JR.

DP

04/23/2009

Electronic Signature of Signing Officer or Director

Date