

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 579118

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: ATLANTIC COAST INSURERS, INC.

## Current Principal Place of Business:

109 MAGNOLIA STREET  
P.O. BOX 250  
NEW SMYRNA BEACH, FL 32170 US

## New Principal Place of Business:

## Current Mailing Address:

109 MAGNOLIA STREET  
P.O. BOX 250  
NEW SMYRNA BEACH, FL 32170 US

## New Mailing Address:

FEI Number: 59-1833024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JENNINGS, WILLIAM  
625 PELICAN BAY DR.  
DAYTONA BEACH, FL 32119 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JENNINGS, WILLIAM  
Address: 625 PELICAN BAY DRIVE  
City-St-Zip: DAYTONA BEACH, FL

Title: ST ( ) Delete  
Name: PIETROBONO, SELMA D  
Address: 1727 JUNIPER DR.  
City-St-Zip: EDGEWATER, FL 32132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JENNINGS, WILLIAM  
Address: 625 PELICAN BAY DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: ST (X) Change ( ) Addition  
Name: PIETROBONO, SELMA D  
Address: 1727 JUNIPER DR.  
City-St-Zip: EDGEWATER, FL 32132

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SELMA PIETROBONO

ST

02/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date