

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90074 028 \*\*\*150.00

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|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # F33291</b><br>1. Entity Name<br><b>ATLANTIC COAST PLUMBING CORP.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>323 9TH AVE N.<br/>JACKSONVILLE BEACH, FL 32250 US</b>  |  |   | Mailing Address<br><b>323 9TH AVE N<br/>JACKSONVILLE BEACH, FL 32250 US</b>  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><br>- Zip -      - Country  |  | City & State<br><br>Zip      Country  |  | 4. FEI Number<br><b>59-2097040</b>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><br><b>REEMS, DIANE, O<br/>197 VISTA GRANDE DR<br/>PONTE VEDRA BEACH, FL 32082</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>DIANE REEMS ROCKE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3725 HAWKS BRY CT</b><br>City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32224</b> |  |  |
| 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.<br>SIGNATURE <i>[Signature]</i> <b>DIANE ROCKE</b> <b>2/4/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>PARRISH, NICHOLAS A.<br>112 SEAGRAPE<br>JACKSONVILLE BEACH, FL        | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>PARRISH, VANN A<br>2811 TREASURE COVE LANE<br>JACKSONVILLE, FL 32224 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   |  |  |  |
| 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: <i>[Signature]</i> <b>NICHOLAS A. PARRISH</b> <b>4/6/05</b> <b>2495381</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |  |   |  |  |  |