

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90081 017 ***150.00

DOCUMENT # F33291 1. Entity Name ATLANTIC COAST PLUMBING CORP.					
Principal Place of Business 323 9TH AVE N. JACKSONVILLE BEACH, FL 32250 US			Mailing Address 323 9TH AVE N JACKSONVILLE BEACH, FL 32250 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2097040			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RICHE, DIANE REEMS 3725 HAWKS BAY CT JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name ROCHE, DIANE O Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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><i>Diane O Roche</i></u> DATE <u>2/10/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, NICHOLAS A. 112 SEAGRAPE JACKSONVILLE BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, VANN A 2811 TREASURE COVE LANE JACKSONVILLE, FL 32224	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Nicholas A. Parrish</i></u> NICHOLAS A. PARRISH 4/17/06 9042495381 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					