

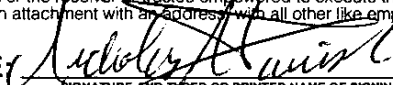


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90020 002 ***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 - No P.O. Box # 3653 Regent Blvd. Suite, Apt. #, etc. Suite # 305 City & State Jacksonville FL Zip 32224 Country US		3. Mailing Address 3653 Regent Blvd. Suite, Apt. #, etc. Suite # 305 City & State Jacksonville, FL Zip 32224 Country US			
4. FEI Number 59-2097040		01082008 Chg-P CR2E034 (12/06)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent RICHE, DIANE O 3725 HAWKS BAY CT JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name DIANE O. Roche 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, NICHOLAS A. <input type="checkbox"/> Delete 112 SEAGRAPE JACKSONVILLE BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, VANN A <input type="checkbox"/> Delete 2811 TREASURE COVE LANE JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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  NICHOLAS A. PARRISH 4/15/08 904 9973278 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					