

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90017 029 ***150.00

DOCUMENT # F47227

1. Entity Name

ATLANTIC COASTAL TITLE CORPORATION



Principal Place of Business

3850 20TH ST
SUITE 6
VERO BEACH FL 32960

Mailing Address

3850 20TH ST
SUITE 6
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2127474**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

SPANGLER, LEONARD L., JR.
936 47TH AVENUE
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name **Virginia C. Spangler**
Street Address (P.O. Box Number is Not Acceptable)
936 47th Avenue

City **Vero Beach**

FL

Zip Code
32966

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

Virginia C. Spangler
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	SPANGLER, VIRGINIA C.	
STREET ADDRESS	936 47TH AVE	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPANGLER, LEONARD L JR	
STREET ADDRESS	936 47TH AVE	
CITY-ST-ZIP	VERO BCH, FL 00000 (Mr. Spangler died)	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jason Beal	
STREET ADDRESS	3216 First Street	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	Pres., VP/Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia C. Spangler	
STREET ADDRESS	936 47th Avenue	
CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Virginia C. Spangler VIRGINIA C SPANGLER 1/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #