2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
04-12-2004 90278 025 ***150.00

DOCUMENT # J51317

1. Entity Name

ATLANTIC COAST ALUMINUM, INC.

Principal Place of Business	Mailing Address
% MICHAEL GARDNER 21 SUNSHINE BLVD. ORMOND BCH. FL 32174	% MICHAEL GARDNER 21 SUNSHINE BLVD. ORMOND BCH. FL 32174

MOORE CR2E034 (11/03)

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 59-2757520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARDNER, M 12 SUNSHINE BLVD ORMOND BCH. FL 32174	Name 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 _____
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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARDNER, MICHAEL L 21 SUNSHINE BLVD. ORMOND BCH. FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEFEBVRE, BRIAN W 611 MARLENE DRIVE HOLLY HILL FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILLIS, EILEEN M 25 WOODLAKE DRIVE PORT ORANGE FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Eileen M. Willis Sec/Tres 5/6/04 386 477-2677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

66420778
#J51317

Inspected by 2

ATLANTIC COAST ALUMINUM INC
21 SUNSHINE BLVD
ORMOND BEACH FL 32174

Copy Reference: 200404210699 AA
04/22/2004 11:10:23 CF42195 1001 V-D
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150.00 0000011244

ATLANTIC COAST ALUMINUM, INC.
(386) 677-2877
21 SUNSHINE BLVD.
ORMOND BEACH, FL 32174

INVOICE	GROSS	DISCOUNT	NET
		[redacted]	

11244

63-1005/631

PAY One Hundred fifty and 00/100 DOLLARS

DATE | TO THE ORDER OF | DESCRIPTION — CODE

4/9/04 | Florida Department of State | $ 150.00

J51317

59-2757520

SUNTRUST BANK, EAST CENTRAL FLORIDA
HOLLY HILL OFFICE
HOLLY HILL, FLORIDA

Eileen M Willis

[redacted]