

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J51317

1. Entity Name

ATLANTIC COAST ALUMINUM, INC.



**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

% MICHAEL GARDNER  
21 SUNSHINE BLVD.  
ORMOND BCH. FL 32174

Mailing Address

% MICHAEL GARDNER  
21 SUNSHINE BLVD.  
ORMOND BCH. FL 32174

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

GARDNER, M  
12 SUNSHINE BLVD  
ORMOND BCH. FL 32174

7. Name and Address of New Registered Agent

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, 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	DP	<input type="checkbox"/> Delete
NAME	GARDNER, MICHAEL L.	
STREET ADDRESS	21 SUNSHINE BLVD.	
CITY - ST - ZIP	ORMOND BCH. FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEFEBVRE, BRIAN W	
STREET ADDRESS	611 MARLENE DRIVE	
CITY - ST - ZIP	HOLLY HILL FL 32117	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIS, EILEEN M	
STREET ADDRESS	25 WOODLAKE DRIVE	
CITY - ST - ZIP	PORT ORANGE FL 32119	
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		<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
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000000296752  
04/09/05-80079-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Eileen M Willis 4/7/05 386-677-227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #