

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J51317

1. Entity Name  
ATLANTIC COAST ALUMINUM, INC.



FILED  
07 MAY -1 PM 12:39  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007

Chg-P

CR2E034 (12/06)

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME GARDNER, MICHAEL L.  
STREET ADDRESS 21 SUNSHINE BLVD.  
CITY-ST-ZIP ORMOND BCH., FL 32174

TITLE VP ☒ Delete  
NAME LEFEBVRE, BRIAN W  
STREET ADDRESS 611 MARLENE DRIVE  
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE ST ☒ Delete  
NAME WILLIS, EILEEN M  
STREET ADDRESS 25 WOODLAKE DRIVE  
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Change ☒ Addition  
NAME DIANNE T GARDNER  
STREET ADDRESS 21 SUNSHINE BLVD.  
CITY-ST-ZIP ORMOND BCH., FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 400103097514  
STREET ADDRESS 05/23/07--01014--028 \*\*\$61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Michael L Gardner* Michael L Gardner

4/26/07

386-677-2677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #