2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03499

1. Entity Name
ATLANTIC COAST BROKERS, INC.

Principal Place of Business	Mailing Address
6944 ST. AUGUSTINE RD. STE. D JACKSONVILLE, FL 32217 US	6944 ST. AUGUSTINE RD. STE. D JACKSONVILLE, FL 32217 US

DO NOT WRITE IN THIS SPACE

01292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2968429
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWDY, RICHARD S.
6944 ST AUGUSTINE ROAAD
SUITE D
JACKSONVILLE, FL 32217

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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 Richard S Browdy 2.11.05
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000230556
02/15/05-80048-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWDY, RICHARD S.
STREET ADDRESS	6944 ST. AUGUSTINE RD. STE D
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	BROWDY, SHARON
STREET ADDRESS	6944 ST. AUGUSTINE RD. STE. D
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	RINZLER, DAVID S.
STREET ADDRESS	6944 ST. AUGUSTINE RD. STE. D
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: x Sharon Browdy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #