

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099986

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: ATLANTIC COAST FLORIDA ENTERPRISES INC.

**Current Principal Place of Business:**

60 WESTOVER DR.  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

60 WESTOVER DR.  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 59-3753678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FONTAINE, JOHN  
60 WESTOVER DR  
WEST MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FONTAINE, JOHN R  
Address: 4312 GAMWELL DR.  
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete  
Name: HALES, TONYA  
Address: 4312 GAMWELL DR.  
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete  
Name: FONTAINE, DAVID  
Address: P.O.BOX 546  
City-St-Zip: PALMETTO, FL 33561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FONTAINE

P

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date