ATLANTIC COAST STUCCO, INC.				FILED Apr 30, 2007 08:00 AN Secretary of State	
Principal Pla	ce of Business	Mailing Address			
P.O. BOX 1		P.O. BOX 15192			
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				04242007 No Chg-P CR2E034 (11/05)	
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				5. Certificate of Stalus Desired Stalus Desired Stalus Desired Fee Required	
	6. Name and Address of Current Re	gistered Agent			
	ON, THOMAS OHNS BLUFF RD N 104			DO NOT WRITE	
	IVILLE, FL 32225			IN THIS SPACE	
the obliga	e named entity submits this statement for th tions of registered agent. Signature, typed or printed name of registered agent and t		red office or registere	ed agent, or both, in the State of Florida. I am familiar with, and a when reinsuting) DATE	
the obliga SIGNATURE FIL After M	Signature, typed or printed name of registered agent and t E NOWIII FEE IS \$150.09 ay 1, 2007 Fee will be \$550.00	(NOTE: Registre (ROTE: ROTE)) (ROTE: ROTE)) (ROTE: ROTE) (ROTE: ROTE)) (R	red Agent signature required water and the second s		
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horda Statutes. Fluther 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

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