

From: STEPHEN E. TILLEY, CPA, PA 904 730 7090

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Secretary of State

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2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # **PO2 000061214**

1. Entity Name
ATLANTIC COAST KITCHEN & BATH
20 BLANDING BLVD. OF JAX, FL.

Principal Place of Business **20 BLANDING BLVD. ORANGE PARK, FL 32073.** Mailing Address **20 BLANDING BLVD. ORANGE PARK, FL 32073.**

2. Principal Place of Business **20 BLANDING BLVD** 3. Mailing Address **20 BLANDING BLVD.**

Suite, Apt. #, etc.

City & State **Orange Park FL** City & State **Orange Park, FL** 4. FIC Number **01-0700930** Applied For Not Applicable

Zip **32073** Country **USA** Zip **32073** Country **USA** 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **ATLANTIC COAST KITCHEN & BATH** 7. Name and Address of New Registered Agent **ATLANTIC COAST KITCHEN & BATH**

80-6B Industrial Loop N. OF 20 BLANDING BLVD. ORANGE PARK, FL 32073. JAX, FL. **20 BLANDING BLVD. ORANGE PARK FL 32073.**

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]** DATE **4/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

20054086



04262005 Chg-P CR2E034 (10/03)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARK H. Palmer. 20 Blanding Blvd. Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. H. Christopher Seas 20 Blanding Blvd. S.P. FL 32073.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michelle Palmer 20 Blanding Blvd. Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 an officer like empowered.

SIGNATURE **[Signature]** DATE **4/26/05**