

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

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**


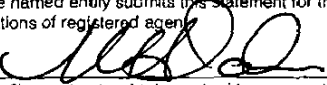
05-02-2005 90503 015 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

20054086



04262005 Chg-P CR2E034 (10/03)

DOCUMENT # <b>P02 000061214</b>			
1. Entity Name <b>ATLANTIC COAST KITCHEN &amp; BATH</b>			
Principal Place of Business <b>20 BLANDING BLVD. OF JAX, FL.</b>		Mailing Address <b>20 BLANDING BLVD. ORANGE PARK, FL 32073.</b>	
2. Principal Place of Business <b>20 BLANDING BLVD</b>		3. Mailing Address <b>20 BLANDING BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orange Park FL</b>		City & State <b>Orange Park. FL</b>	
Zip <b>32073</b>		Country <b>USA</b>	
4. Fee Number <b>01-0700930.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ATLANTIC COAST KITCHEN &amp; BATH</b> <b>80-63 Industrial Loop N. OF</b> <b>ORANGE PARK, FL 32073. JAX, FL.</b>		7. Name and Address of New Registered Agent <b>ATLANTIC COAST KITCHEN &amp; BATH</b> <b>20 BLANDING BLVD.</b> <b>ORANGE PARK FL 32073.</b>	
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 		DATE <b>4/28/05</b>	

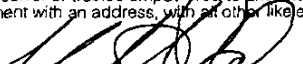
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>CEO</b>	<input type="checkbox"/> Delete	TITLE <b>Vice Pres.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARK H. Palmer.</b>		NAME <b>H. Christopher Seas</b>	
STREET ADDRESS <b>20 BLANDING BLVD.</b>		STREET ADDRESS <b>20 BLANDING BLVD. OF JAX, FL.</b>	
CITY-ST-ZIP <b>ORANGE PARK, FL 32073</b>		CITY-ST-ZIP <b>ORANGE PARK, FL 32073.</b>	
TITLE <b>President</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MICHELLE PALMER</b>		NAME	
STREET ADDRESS <b>20 BLANDING BLVD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ORANGE PARK, FL 32073</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 or like empowered.

SIGNATURE



**MARK H. PALMER**

**4/26/05**