


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 035 ***150.00

DOCUMENT # P02000062173 1. Entity Name ATLANTIC CAPITAL ASSOCIATES, INC.					
Principal Place of Business 9140 GOLFSIDE DR #13N JACKSONVILLE, FL 32256		Mailing Address 2709 OCEAN DRIVE SOUTH 60032740 9140 GOLFSIDE DR #13N JACKSONVILLE BEACH, FL. JACKSONVILLE, FL 32256 32250			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2709 OCEAN DRIVE SOUTH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202008 Chg-P CR2E034 (12/06)	
City & State		City & State JACKSONVILLE BEACH, FL		4. FEI Number 46-0482078	
Zip Country		Zip Country 32250 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, D. MICHAEL 9140 GOLFSIDE DR 2709 OCEAN DRIVE SOUTH #13N JACKSONVILLE BEACH, FL. 32250 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CARTER, D. MICHAEL 9140 GOLFSIDE DR #13N JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2709 OCEAN DRIVE SOUTH JACKSONVILLE BEACH, FL. 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VOCKELL, STEVEN 9140 GOLFSIDE DR #13N JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>D. Michael Carter</u> D. MICHAEL CARTER 4/20/08 904-703-8883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					