

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000102746 1. Entity Name ATLANTIC COAST CONCEPTS, INC.					
Principal Place of Business 334 HAMILTON SHORE DR WINTER HAVEN, FL 33881			Mailing Address 334 HAMILTON SHORE DR WINTER HAVEN, FL 33881		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 47-0890782	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSTON, FRED W 334 HAMILTON SHORE DR WINTER HAVEN, FL 33881				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 _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete JOHNSTON, FRED W 334 HAMILTON SHORE DR WINTER HAVEN, FL 33881		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000170414 08/19/04-80002-017 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 file empowered.					
SIGNATURE:			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					