

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 013 ***150.00

DOCUMENT # P02000122191 1. Entity Name ATLANTIC COASTAL APPRAISERS, INC.			
Principal Place of Business 12443 SAN JOSE BLVD #402B JACKSONVILLE FL 32223		Mailing Address 12443 SAN JOSE BLVD #402B JACKSONVILLE FL 32223	
2. Principal Place of Business - No P.O. Box # 12627 San Jose Blvd Suite, Apt. #, etc. #903	3. Mailing Address 12627 San Jose Blvd Suite, Apt. #, etc. #903		
City & State Jacksonville, FL	City & State Jacksonville, FL		
Zip 32223	Zip 32223		
Country USA	Country USA		
4. FEI Number 06-1659828		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		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 reconstituting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PSTD LOGRASSO, JOSEPH D <input type="checkbox"/> Delete 401 KENTUCKY BRANCH JACKSONVILLE FL 32259	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D LOGRASSO, KATHERINE J <input type="checkbox"/> Delete 401 KENTUCKY BRANCH JACKSONVILLE FL 32259	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Joseph D. Lograsso</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/2/07 904-260-2623 <small>Date Daytime Phone #</small>	