

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

4/23/2004-90194-019-\$150.00-\$150.00

DOCUMENT # P03000010501

1. Entity Name

ATLANTIC COAST ALUMINUM STRUCTURES, INC.



FILED

04 JUL -7 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business

21 SUNSHINE BOULEVARD
ORMOND BEACH FL 32174

Mailing Address

21 SUNSHINE BOULEVARD
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2757520

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, MICHAEL L
21 SUNSHINE BOULEVARD
ORMOND BEACH FL 32174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARDNER, MICHAEL L
STREET ADDRESS 21 SUNSHINE BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE STD
NAME WILLIS, EILEEN
STREET ADDRESS 21 SUNSHINE BOULEVARD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 like empowered.

SIGNATURE:

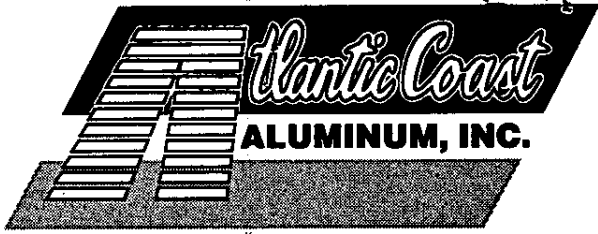
Eileen Willis STD

4/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2072
386/677-2677 • FAX: 386/676-2467
386/439-5748 Flagler, Palm Coast • 386/738-3409 Deltona
904/808-7191 St. Augustine

21 SUNSHINE BLVD. • ORMOND BEACH, FL 32174
State Certified Residential Contractor CRC036596

7/1/04

FLORIDA DEPRATMENT OF CORPORATIONS

DEAR READER,

THIS IS A REQUEST FOR WAIVER OF LATE FEE.
DUE TO NOT GETTING YOUR REPLY IN THE MAIL IN A TIMLEY
MANNER I WAS LATE IN RETURNING FORM.
VERY SORRY THIS HAS CAUSED PROBLEMS FOR EVERYONE.

THANK YOU,

EILEEN M. WILLIS
SEC/TRES.