


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90720 047 \*\*\*150.00

<b>DOCUMENT # P03000078502</b>	
1. Entity Name ATLANTIC COAST MORTGAGE, INC.	

Principal Place of Business 4400 N. FEDERAL HWY. SUITE 210 BOCA RATON, FL 33431	Mailing Address 4400 N. FEDERAL HWY. SUITE 210 BOCA RATON, FL 33431
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**94080304**



2. Principal Place of Business 1801 S. FEDERAL HWY. Suite, Apt. #, etc. SUITE 244 City & State DELRAY BEACH, FL Zip 33483 Country PALM BEACH	3. Mailing Address 1801 S. FEDERAL HWY. Suite, Apt. #, etc. SUITE 244 City & State DELRAY BEACH, FL Zip 33483 Country PALM BEACH
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04292004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0149618		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SCHAFFER, RICHARD J 2665 S OCEAN BLVD UNIT 203N HIGHLAND BEACH, FL 33487 1801 S. FEDERAL HWY. STE. 244 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name RICHARD J. SCHAFFER Street Address (P.O. Box Number is Not Acceptable) 1801 S. FEDERAL HWY. SUITE 244 City DELRAY BEACH FL Zip Code 33483

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 reinstating)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAFFER, RICHARD J 2665 S OCEAN BLVD UNIT 203N HIGHLAND BEACH, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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:**  **04/28/04** **541-394-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #