2005 FOR PROFIT CORPORATION ANNUAL REPORT

	1		E.					
DOCUMENT # P03000084333						,	1-1[-En
1. Entity Name						C	15 SEP 20	` ~
ATLANTIC COASTAL EQUIPMENT INC.						Si	F/1.	AH 9:37
				THE STATE OF THE S		TAL	LANCON .	3.37
Principal Place of Business Mailing Address						_	-CAMASSEE	FILATE
3508 PHILIPS HIGH		3508 PHILIPS HIGHWAY Jacksonville, FL 32207					•	" LURIDA
JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207								
Decision Decision and Decision Address								
2. Principal Place o	of Business	3. Mailing Address				II EBIJI BEIII EBIK		
Suite, Apt. #, etc.	· 	Suite, Apt. #, etc.			09122005 CI	ha-P	CR2E034 (10/	03) 1 1
City & Ctate		City 9 State				· · · · · · · · · · · · · · · · · · ·	5,2255,(15	
City & State		City & State			4. FEI Number 14-1891694		-	Applied For Not Applicable
Zip Country		Zip Countr		ntry	5 Certificate of Status Desired S8.75 Additional			
				T			Fee Red	quired
6.	Name and Address of Current F	7. Name and Address of New Registered Agent Name						
KWARTLER, DAVID B				Shark Address (D.O. Box Murales in Not Associated				
JACKSONVILLE, FL 32244				Street Address (P.O. Box Number is Not Acceptable)				
57010011VILLE, 1 L 32244								
				City FL Zip Code				
	ed entity submits this statement for	the purpose of changing its	register	I ed office or register	ed agent, or both, in the	e State of Flori	ida. I am familiar s	with, and accept
the obligations of	Tregistered agent.	(\cdot,\cdot)						
SIGNATURE Varil 16. Kuning								
Signatu	are, typed or printed name of registered agent a	nd title if applicable. (NO)	E: Registere	d Agent signature required	when reinstating)		DATE	
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be								
Due by	y September 7, 2005	Trust Fund Cont	ribution.	LJ Adde	ed to Fees			
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANG	GES TO OFFIC	CERS AND DIRECT	TORS IN 11
TITLE P	P Delete ITIT		TITL		400	0595	1054M	nge 🗌 Addition
	1			ET ADDRESS	09/26/05	01002-		5S0.00
CITY-ST-ZIP JAC	JACKSONVILLE, FL 32244 cm			-ST-ZIP				
TITLE VP	La Delate						Cha	nge 🗌 Addition
i i	KWARTLER, MATTHEW D S 4414 COGUINA DR.			E Et address				
				-ST-ZIP				
TITLE	Delete TITL			E			☐ Cha	nge 🔲 Addition
NAME STREET ADDRESS			MAM	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
INTE-		Delete	1111	-				nge Addition
NAME			NAM	-				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP				
TITLE		☐ Delete	TITLE	E		•	☐ Chai	nge 🔲 Addition
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	IIILI					nge
NAME		_ Delete	NAM	i				.80 T 1904((10))
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	that the information available with	thin filing door set such for		-ST-ZIP	otion 110 07/0V/N F1-3-	lo Ptota 17	continue and the second	
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: Name & Kundle DAVID B. Kundler J-80/05-904 3961117. SIGNATURE: Date Date Date Date Date Date Date Date								
JIGHALOR		INTED NAME OF SIGNING OFFICER	OR DIRECT	TOR	Da Da	te	Davtime Pho	m#