


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90112 016 \*\*\*150.00  
07-19-2005 90037 019 \*\*\*400.00

<b>DOCUMENT # P04000055002</b> 1. Entity Name <b>AMERICAN COAST TO COAST FINANCIAL INC.</b>					
Principal Place of Business <b>4527 NORTSHORE RD. LYNN HAVEN FL 32444 US</b>			Mailing Address <b>4527 NORTSHORE RD. LYNN HAVEN FL 32444 US</b>		
2. Principal Place of Business <b>10612 Front Beach Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Panama City Beach FL</b>		City & State		4. FEI Number <b>42-1624329</b>	
Zip <b>32407</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TOLBERT, JOHN R SR. 4527 NORTSHORE RD. LYNN HAVEN FL 32444</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>John Tolbert</i></u> <i>for Mr. Dennis M. Buchholz - 28-05</i> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST LES CHECK, DENISE M 4527 NORTSHORE RD. LYNN HAVEN FL 32444</b> <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 <u><i>Dennis M. Buchholz</i></u>				Date <u><i>6-28-05</i></u> Daytime Phone #	

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1st-MOORE CR2E034 (10/04)