

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90294 034 ***150.00

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000060615 1. Entity Name ARCHITECTURAL CONCEPTS GULF COAST, INC.			
Principal Place of Business 200 S TARRAGONA ST PENSACOLA, FL 32502		Mailing Address 200 S TARRAGONA ST PENSACOLA, FL 32502	
2. Principal Place of Business 3355 - 5 COOPER RD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2120 Suite, Apt. #, etc.	
City & State PENSACOLA FLA		City & State JACKSON, MS.	
Zip 32502		Zip 39225-2120	
Country SCAMBIA		Country HINDS	
4. FEI Number 20-0971372		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 CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE: </div> <div style="width: 40%;"> J.H. CARROLL III SEC. TRES. </div> <div style="width: 30%;"> APRIL 15, 2005 </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	<div style="border: 1px solid black; padding: 2px;"> P.L. CARROLL 103 SNYDER DR BRANDON, MS. 39042 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> DIRECTOR / PRESIDENT P.L. CARROLL 103 SNYDER DR BRANDON, MS. 39042 </div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> J.H. CARROLL III 103 SNYDER DR BRANDON, MS. 39042 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> DIRECTOR / SEC. TREASURER J.H. CARROLL III SAME AS ABOVE </div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> ALEXIS C. WREN SAME AS ABOVE </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> ALEXIS C. WREN SAME AS ABOVE </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> ASHLEY C. MOSES 140 PAVILLION DRIVE BRANDON, MS. 39042 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> DIRECTOR ASHLEY C. MOSES 140 PAVILLION DRIVE BRANDON, MS. 39042 </div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> ASHLEY C. MOSES 140 PAVILLION DRIVE BRANDON, MS. 39042 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> ASHLEY C. MOSES 140 PAVILLION DRIVE BRANDON, MS. 39042 </div> <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:		J.H. CARROLL III	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: APR. 15, 2005	
Daytime Phone #		601-354-2300	