2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002945

Entity Name: ATLANTIC SEAWALL & DOCK COMPANY

7366 SW 39TH STREET

PALM CITY, FL 34990

Address: City-St-Zip: FILED Jan 08, 2009 Secretary of State

Littly Na	me. ATLANTI	C SLAVVALL & DOCK CONFA	-1V I		
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
	39TH STREET Y, FL 34990				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	39TH STREET Y, FL 34990				
FEI Number	: 55-0888885	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
TRENTER, ADAM T PSTD 7366 SW 39TH STREET PALM CITY, FL, FL 34990 US				TRENTER, ADAM T PSTD 7366 SW 39TH STREET PALM CITY, FL 34990 US	
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/08/2009	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD (TRENTER, AD/ 7366 SW 39TH PALM CITY, FL	STREET	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (BARNES, BEN 7366 SW 39TH PALM CITY, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V (WASLEVICH, [) Delete DUSTIN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ADAM TRENTER PSTD 01/08/2009