

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90207 007 \*\*\*158.75

60034570



04282006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000029563</b> 1. Entity Name ATLANTIC COAST OUTFITTERS, INC.																											
Principal Place of Business 3293A HIGHWAY 17 NORTH GREEN COVE SPRINGS, FL 32043		Mailing Address 3293A HIGHWAY 17 NORTH GREEN COVE SPRINGS, FL 32043																									
2. Principal Place of Business 3540 Hwy 17 South Suite, Apt. #, etc. #129		3. Mailing Address 3475 Russell Road Suite, Apt. #, etc.																									
City & State Green Cove Springs, FL Zip 32043		City & State Green Cove Springs Zip 32043																									
Country USA		Country USA																									
4. FEI Number 41-2163111		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  REXRODE, BRENDA G 3475 RUSSELL ROAD GREEN COVE SPRINGS, FL 32043		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P REXRODE, LARRY J</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>3293A HIGHWAY 17 NORTH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>GREEN COVE SPRINGS, FL 32043</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P REXRODE, LARRY J	<input type="checkbox"/> Delete	NAME	3293A HIGHWAY 17 NORTH		STREET ADDRESS	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 line empowered.																											
SIGNATURE: <u>Brenda G. Rexrode</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brenda G. Rexrode		Date: <u>4/28/06</u> Daytime Phone #: <u>904-284-7775</u>																									