2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000087982 1. Entity Name



FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90318 022 ***150.00

ATLANTIC COASTAL BUILDERS INC.								
Principal Place of Business 10526 SW 86TH PL GAINESVILLE, FL 32608		Mailing Address 10526 SW 86TH PL GAINESVILLE, FL 32608			II 2014 611 621 621	11 001 21 (211) (2 010 111)	1112 HB/221 N IB\$1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042006	Chg-P	CR2E034 (11/	(05)	
City & State		City & State		4. FEI Numb	05899.	8	Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired		Additional quired	
6. Name and Address of Current Registered		legistered Agent		7. Name and	d Address of New F	Registered Agent	,	
NAVOUG TED			Name	Name				
NAVOLIO, 10526.SW GAINESVI			s (P.O. Box Numb	(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								
Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Financing \$ ution.	55.00 May Be added to Fees					
10.	OFFICERS AND D	DIRECTORS /	11.	ADDITIONS	/CHANGES TO OFF	FICERS AND DIREC	TORS IN 11	
TITLE	Р	☑ Delete	TITLE V	TEFFE	RY GEN ENNSHO	1-112 Y 12 Ch	ange Addition	
NAME STREET ADDRESS	BROWN, JOHN C		NAME	92006	EANSHO	RE BLDT	#14	
CITY-ST-ZIP	1920 OCEAN SHORE BLVD #14 ORMOND BEACH, FL 32176		STREET ADDRESS CITY-ST-ZIP	PAAGICIN .	REACH	F63717	10	
TITLE	V	□ 'Ďelete	TITLE P	T LITEU	BOBBY BOBBY	Ch:	ange Addition	
NAME	GENTRY, BOBBY V		NAME CY	270 179	I WOUDY Eaw out	0 = 13 (1) #	File	
STREET ADDRESS CITY-ST-ZIP	1920 OCEAN SHORE BLVD #14 ORMOND BEACH, FL 32176		STREET ADDRESS / 6	(AU () E C	LA CACA	ハビシャレル	171	
THILE	ST ST	Delete	TITLE	< MUNI	BEACH	「」「Cha	_	
NAME	BROWN, THERSA A	Lan Colore	NAME				argo CI Addition	
STREET ADDRESS	1920 OCEAN SHORE BLVD #14		STREET ADDRESS					
CHY-ST-ZIP	ORMOND BEACH, FL 32176	<u> </u>	CITY-SI-ZIP					
NAME -	 	Delete	TITLE NAME			☐ Cha	ange Addition	
STREET ADDRESS			STREET ADDRESS				į	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Cha	ange 🔲 Addition	
NAME STREET ADDRESS	:		NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Cha	ange	
NAME CIDECT ADDOCCO			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify for the		ned in Chapter 11	9, Florida Statutes. I	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 it 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: But I TYPE OR PRINTED NAME OF SIGN