

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039197

Entity Name: ATLANTIC COAST ATM INC

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

C/O JOHN KATZELNIK  
2897 NW 68TH LANE  
MARGATE, FL 33063 US

## New Principal Place of Business:

## Current Mailing Address:

C/O JOHN KATZELNIK  
2897 NW 68TH LANE  
MARGATE, FL 33063 US

## New Mailing Address:

FEI Number: 20-4515602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MILO, THOMAS  
C/O ATLANTIC COAST ATM INC /JOHN KATZELNIK  
2897 NW 68TH LANE  
MARGATE, FL 33063 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILO, THOMAS  
Address: 10702 CEDAR FOREST CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: KATZELNIK, JOHN  
Address: 2897 NW 68TH LANE  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: KATZELNIK, DONNA  
Address: 2897 NW 68TH LANE  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: THOMAS MILO

P

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date