

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068449

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: ATLANTIC COASTAL CORPORATION, INC.

## Current Principal Place of Business:

1929 TURNBULL LAKES DR.  
NEW SMYRNA BCH, FL 32168

## New Principal Place of Business:

## Current Mailing Address:

1929 TURNBULL LAKES DR.  
NEW SMYRNA BCH, FL 32168

## New Mailing Address:

1020 BARBER CREEK DR  
SUITE 202  
WATKINSVILLE, GA 30677

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, CONWAY C  
1929 TURNBULL LAKES DR.  
NEW SMYRNA BCH, FL 32168 US

## Name and Address of New Registered Agent:

BROUN, CONWAY C  
1929 TURNBULL LAKES DR.  
NEW SMYRNA BCH, FL 32168 US

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: CONWAY C BROUN

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRUMP, RUSSELL A  
Address: 1929 TURNBULL LAKES DR.  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D ( ) Delete  
Name: BROWN, CONWAY C  
Address: 1020 BARBER CREEK DR., SUITE 202  
City-St-Zip: WATKINSVILLE, GA 30677

Title: D ( ) Delete  
Name: MALCOM, MITCHELL K  
Address: 1929 TURNBULL LAKES DR.  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D ( ) Delete  
Name: BURGESS, ROGER  
Address: 1929 TURNBULL LAKES DR.  
City-St-Zip: NEW SMYRNA BCH, FL 32168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: BROUN, CONWAY C  
Address: 1020 BARBER CREEK DR., SUITE 202  
City-St-Zip: WATKINSVILLE, GA 30677

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

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

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.

SIGNATURE: CONWAY C BROUN

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date