

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90183 004 ***150.00

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04252005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000019718 1. Entity Name ATLANTIC COAST BONDED SALES & DISTRIBUTION, INC.					
Principal Place of Business 405 ATLANTIS RD SUITE B CAPE CANAVERAL, FL 32920 US			Mailing Address 405 ATLANTIS RD SUITE B CAPE CANAVERAL, FL 32920 US		
2. Principal Place of Business 405 Atlantis Road		3. Mailing Address 405 Atlantis Road		4. FEI Number 59-3181282 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite F117		Suite, Apt. #, etc. Suite F117			
City & State Cape Canaveral, FL		City & State Cape Canaveral, FL			
Zip 32920	Country USA	Zip 32920	Country USA		
6. Name and Address of Current Registered Agent O'BRIEN, JAMES M. 516 NORTH HARBOR CITY BLVD. MELBOURNE, FL 32935				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) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GALLUZZI, JAMES R 405 ATLANTIS RD, SUITE B CAPE CANAVERAL, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE:			James R. Galluzzi 04/26/05 (321)783-2700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		