2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000071802

1. Entity Name
ATLANTIC COASTAL ELEVATOR SALES & SERVICE
INCORPORATED

Principal Place of Business	Mailing Address
123 E. MASON DAYTONA BEACH, FL 32117	123 EAST MASON AVE. DAYTONA BEACH, FL 32117 US

DO NOT WRITE IN THIS SPACE

02092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3197142	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISCH, DAVID
1489 NAPPA DRIVE
PORT ORANGE, FL 32124

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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 _DAVID Fisch_   _3-25-04_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

100000098740
03/29/04-80052-020 158.75

10.   OFFICERS AND DIRECTORS

TITLE	VCEO
NAME	FISCH, DAVID
STREET ADDRESS	1489 NAPPA DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32124

TITLE	P
NAME	NELSON, LARRY
STREET ADDRESS	501 SOUTH LANVALE AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _DAVID Fisch_   _3-25-04_   _386 527-5057_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #