2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# P95000014280

Entity Name: ATLANTIC CUSTOM WOODCRAFT CORPORATION

Current Principal Place of Business:

1847 OAKMONT AVE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1693
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3318044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAUGHEY, TREVOR
608 MERES BLVD
TARPON SPRINGS, FL 34689 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAUGHEY, TREVOR
Address: 608 MERES BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP ( ) Delete
Name: HAUGHEY, JAMES R
Address: 104 TARPON POINT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S ( ) Delete
Name: HAUGHEY, NICHOLE
Address: 608 MERES BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T ( ) Delete
Name: HEBERT, DONALD
Address: 1309 STONEHAVEN WAY
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change ( ) Addition
Name: HAUGHEY, NICHOLE
Address: 608 MERES BLVD
City-St-Zip: TARPON SPRINGS, FL 34689

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: TREVOR HAUGHEY P 07/09/2009

Electronic Signature of Signing Officer or Director Date