

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000023508

FILED
Apr 07, 2005
Secretary of State

Entity Name: ATLANTIC COAST COUNTERTOPS, INC.

Current Principal Place of Business:

4170 WESTROADS DRIVE
RIVIERA BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

4170 WESTROADS DRIVE
RIVIERA BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0649076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THARPE, WADE J
756 CINNAMON ROAD
NORTH PALM BEACH, FL 33408 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: THARPE, WADE J
Address: 756 CINNAMON ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VPS () Delete
Name: THARPE, DEBRA
Address: 756 CINNAMON RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: THARPE, WADE J
Address: 756 CINNAMON ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADE J THARPE

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date