From: STEPHEN E. TILLEY, CPA, PA 904 730 7090

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90241 038 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9 700000256 ATLANTIC COAST KITCHEN & BATH INC.									
Principal Place of Business Mailing Address					14008863				
ZZ33	NOTWOOD HUE Place of Business 3 NOTWOOD AVE	SAVAMNAH 3. Mailing Address SAA	6 F	7 31406					
Suite, Ap	, Apt. #, etc. Suite, Apt. #, etc.				04262005	. Chg-P	CR2E03	4 (10/03	J)
SAVA	MAH GH	Clty & State			4. FEI Numbe	3416049	•		Applied For Not Applicabl
Zip 314	Country	Zip	Cour	ntry	•	of Status Desired	□ \$	8.75 A	dditional
<i></i>	6. Name and Address of Current F			7. Name and	Address of New Re				
MARK Palmer				Name					
343 MAINARD BRANCH Ct.				Street Address (P.O. Box Number is Not Acceptable)					
DRANGE PARK									
Lacksonville, FL 32003				City			FL	Zip Cod	de
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relatations) DATE									
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaig Trust Fund Contr		, had 40.00	May Be		<u></u>		
10.	OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OFFIC	ERS AND DI	RECTOR	S IN 11
TITLE NAME	MARK PAIMER CEC 343 MAINARD BRANCH		TITLE					Change	Addition Addition
STREET ADDRESS	l · · · ·			T ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL PRESIDENT		TITLE	ST-ZIP				Change	
NAME	FOWARD MEDER		NAME				Ш	Change	Addition
STREET ADDRESS . CITY-ST-ZIP	395 Brown Thrush Cavamah 6A 3	Pd.	STREE CITÝ-S	T ADDRESS ST-ZIP					
TITLE	Swannan 6H 3	Delete	TITLE			- · · · ·		Change	Addition
NAME STREET ADDRESS	•		NAME	T ADDRESS	•				
CITY-ST-ZIP			CITY-S	· · · · · · · · · · · · · · · · · · ·					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP					
TITLE NAME		Deliste	TITLE NAME					Change	Addition
STREET ADDRESS			•	ADDRESS					
CITY-ST-ZIP	·	☐ Deliate	CITY-S	1-4P				Change	- Adalet
NAME	•	L. Debite	NAME				LJ'	_nange	Addition
STREET ADORESS CITY-ST-ZIP			STREET CITY-S	ADDRESS 1-7IP					
12. I hereby o	ertify that the information supplied with thi	s filing does not qualify for the	ne exemi	ation stated in Section	on 119.07(3)(i), i	Florida Statutes, I fur	ther certify th	at the inf	ormation
indicated on this report or supplemental report is true and accurate aperhat 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 employed of to execute his fraged 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 that all one like entranged.									