

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000068474

1. Entity Name
ATLANTIC COAST DEVELOPMENT & CONSTRUCTION,
INC.



**FILED
Feb 06, 2006 8:00 am
Secretary of State**

02-06-2006 90097 046 ***150.00

Principal Place of Business
580 N WICKHAM RD
SUITE E
MELBOURNE, FL 32935

Mailing Address
580 N WICKHAM RD
SUITE E
MELBOURNE, FL 32935



DO NOT WRITE IN THIS SPACE

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3464103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DROOR, NOEL
580 N WICKHAM ROAD STE E
MELBOURNE, FL 32935

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IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEES IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME DROOR, NOEL
STREET ADDRESS 580 N WICKHAM ROAD STE E
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D
NAME MOAYER, FRANK
STREET ADDRESS 580 N WICKHAM ROAD STE E
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Frank Moayer* **1/30/06** **321-253-8050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #