

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000050422

Entity Name
ATLANTIC COAST REALTY ADVISORS, INC.



Principal Place of Business

800 WEST BAY TO BAY BLVD.
SUITE 23
TAMPA, FL 33629-6844

Mailing Address

3800 WEST BAY TO BAY BLVD.
SUITE 23
TAMPA, FL 33629-6844



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3515033	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

CLARKE, RALPHAEL MARIE
800 WEST BAY TO BAY BLVD.
SUITE 22
TAMPA, FL 33629-6844

**DO NOT WRITE
IN THIS SPACE**

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!!! FEE 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

000000396835
01/30/06-80026-012 150.00

OFFICERS AND DIRECTORS

NAME	D
CLARKE, RALPHAEL M	
STREET ADDRESS	6212 J. BAYSHORE BLVD.
CITY-ST-ZIP	TAMPA, FL 33611
NAME	D
O'KELLEY, CHARLES F	
STREET ADDRESS	6212 J. BAYSHORE BLVD.
CITY-ST-ZIP	TAMPA, FL 33611
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06

Date

813835-8801

Daytime Phone #