2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **ANNUAL REPORT** May 07, 2008 08:00 AN Secretary of State **DOCUMENT # P99000062535** 1. Entity Name 403 ATLANTIC BLVD., INC. Principal Place of Business Mailing Address 2275 ATLANTIC BLVD. P.O. BOX 330108 ATLANTIC BEACH, FL 32233-0108 NEPTUNE BEACH, FL 32266 05062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3589627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORRELL, MARY C ESQ. DO NOT WRITE 2275 ATLANTIC BLVD.,STE.200 NEPTUNE BEACH, FL 32266 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. U00000949337 SIGNATURE. 98/93/98-8002Am015 150.00 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS PD TITLE HIONIDES, CHRIS NAME STREET ADDRESS 2275 ATLANTIC BLVD. CITY-ST-ZIP NEPTUNE BEACH, FL 32266 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 reference of 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.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5-6-08