

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087556

FILED  
Aug 10, 2004  
Secretary of State

Entity Name: ATLANTIC COASTAL MORTGAGE INCORPORATED

## Current Principal Place of Business:

8130 BAYMEADOWS CIRCLE W.  
SUITE 208  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

8130 BAYMEADOWS CIRCLE  
WEST SUITE 206  
JACKSONVILLE, FL 32256

## New Mailing Address:

8130 BAYMEADOWS CIRCLE  
WEST SUITE 208  
JACKSONVILLE, FL 32256

FEI Number: 59-3602025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCAFEE, FELCIA Y  
10695 HAMPTON ROAD  
JACKSONVILLE, FL 32257 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: PD ( ) Delete  
Name: MCAFEE, FELICIA  
Address: 10695 HAMPTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: B (X) Delete  
Name: FLOYD, LAMONT A  
Address: 934 GAND AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

Title: PRS (X) Delete  
Name: HASTER, RENATA  
Address: 1628 TWIN OAKS DR. W.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: PR (X) Delete  
Name: SANTIAGO COLON, JESSICA M  
Address: 4238 SABINE DR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: B (X) Delete  
Name: HESTER, JANET M  
Address: 3260 GABRIEL DR.  
City-St-Zip: ORANGE PARK, FL 32073

## 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:

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: FELICIA Y. MCAFEE

PRES

08/10/2004

Electronic Signature of Signing Officer or Director

Date