



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000111422		
1. Entity Name ATLANTIC COAST COUNSELING, INC.		
Principal Place of Business 4047 OKEECHOBEE BLVD SUITE #225 WEST PALM BEACH, FL 33409		Mailing Address 4047 OKEECHOBEE BLVD SUITE #225 WEST PALM BEACH, FL 33409
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent WALSH, GREGORY G 1836 FINN HILL DRIVE BOYNTON BEACH, FL 33426		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000151732 05/04/04-80059-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WALSH, GREGORY G 1836 FINN HILL DRIVE BOYNTON BEACH, FL 33426	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/30/04 <small>Daytime Phone #</small>