

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 14 AM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S62176

1. Entity Name
ATLANTIC COASTAL ELECTRONICS, INC.



Principal Place of Business
2471 RIVERTREE CIRCLE
SANFORD, FL 32771-8334 US

Mailing Address
2471 RIVERTREE CIRCLE
SANFORD, FL 32771-8334 US

New address →

66020344

*Atlantic Coastal Electronics

Atlantic Coastal Electronics

1875 Lake Markham Preserve Tr.

1875 Lake Markham Preserve Tr.

Sanford, FL 32771

Sanford, FL 32771

4. FEI Number
59-3082585

Applied For
Not Applicable

Zip
32771

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOGLEMAN, DEBBIE S.
1875 LAKE MARKHAM PRESERVE TRL
SANFORD, FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NAME
STREET ADDRESS
CITY - ST - ZIP
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FOGLEMAN, DEBBIE S
2471 RIVERTREE CIRCLE
SANFORD, FL ☐ Delete

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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:

Debbie S. Fogleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/07

(407) 328-1040

Date

Daytime Phone #