

FILED
Jan 13, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V54792

1. Entity Name
ATLANTIC COAST ENTERPRISES, INC.



Principal Place of Business

**11099 OLD DIXIE HWY.
SEBASTIAN, FL 32978 US**

Mailing Address

**BOX 780213
SEBASTIAN, FL 32978-0213 US**



01072006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0356065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, RICHARD
11099 OLD DIXIE HWY.
SEBASTIAN, FL 32958**

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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

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

000000385392
01/18/06-80040-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, RICHARD
STREET ADDRESS	11099 OLD DIXIE HWY.
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VST
NAME	BROWN, MARYLOU
STREET ADDRESS	11099 OLD DIXIE HWY
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

NATURE:

Mary Lou Brown **MARY LOU BROWN** 1-11-06 772-589-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #