

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90045 036 \*\*\*150.00

<b>DOCUMENT # V54792</b> 1. Entity Name <b>ATLANTIC COAST ENTERPRISES, INC.</b>						
Principal Place of Business <b>76 TALLWOOD RD. JACKSONVILLE BEACH, FL 32250 US</b>			Mailing Address <b>PO BOX 50849 JACKSONVILLE BEACH, FL 32240 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	03232008    Chg-P    CR2E034 (12/06)		
4. FEI Number <b>65-0356065</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>BROWN, RICHARD 11099 OLD DIXIE HWY. SEBASTIAN, FL 32958</b>			7. Name and Address of New Registered Agent Name <b>RALPH BROWN</b> Street Address (P.O. Box Number is Not Acceptable) <b>76 Tallwood Rd.</b> City <b>JACKSONVILLE BEACH FL</b> Zip Code <b>32250</b>			
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 <u><i>[Signature]</i></u> DATE <b>3/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, RICHARD 11099 OLD DIXIE HWY. SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RICHARD 14155 81ST AVE SEBASTIAN FL 32978	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BROWN, MARYLOU 11099 OLD DIXIE HWY SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARYLOU 14155 81ST AVE SEBASTIAN FL 32978	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>RALPH</del> BROWN, RALPH 76 TALLWOOD RD JACKSONVILLE BEACH 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MAX 7521 LA BARRINGTON BLVD POWELL, TN 37349	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JUNE P.O. BOX 1158 WABASSO FL 32970	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LEE 1923 6TH AVE SE VERO BEACH FLA 32962	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Marylou Brown Mary Lou Brown</u> Date <b>3/24/08</b> Daytime Phone # <b>772 589 5591</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

SEE SHEET (2)

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SHEET 2

ATTACHMENT

50002315

DOCUMENT # V54792

1. Entity Name  
ATLANTIC COAST ENTERPRISES, INC.



Principal Place of Business  
76 TALLWOOD RD.  
JACKSONVILLE BEACH, FL 32250 US

Mailing Address  
PO BOX 50849  
JACKSONVILLE BEACH, FL 32240 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232008

Chg-P

CR2E034 (12/06)

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~~

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE VST  
NAME BROWN, MARYLOU  
STREET ADDRESS 11099 OLD DIXIE HWY  
CITY-ST-ZIP SEBASTIAN, FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME STURGIS, GAYLE B  
STREET ADDRESS 3215 G2ND CT.  
CITY-ST-ZIP VERO BEACH, FL 32966 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #