

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54792

FILED
Jul 14, 2009
Secretary of State

Entity Name: ATLANTIC COAST ENTERPRISES, INC.

Current Principal Place of Business:

76 TALLWOOD RD.
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 50849
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 65-0356065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, RALPH
76 TALLWOOD RD
JACKSONVILLE BEACH, FL 32250 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, RICHARD
Address: 14155 81ST AVE
City-St-Zip: SEBASTIAN, FL 32973

Title: D () Delete
Name: BROWN, MARYLOU
Address: 14155 31ST AVE
City-St-Zip: SEBASTIAN, FL 32973

Title: PD () Delete
Name: BROWN, RALPH
Address: 76 TALLWOOD RD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD () Delete
Name: BROWN, MAX
Address: 7521 LABRARRINGTON BLVD
City-St-Zip: POWELL, TN 37349

Title: D () Delete
Name: BROWN, JUNE
Address: POST OFFICE BOX 1158
City-St-Zip: WABASSO, FL 32970

Title: D () Delete
Name: BROWN, LEE
Address: 1923 6TH AVE SE
City-St-Zip: VERO BEACH, FL 32962

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RALPH A. BROWN

PD

07/14/2009

Electronic Signature of Signing Officer or Director

Date