

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107854

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC TREASURE COAST INSURANCE, INC.

**Current Principal Place of Business:**

15 OLD ENGLISH DR  
CHARLESTON, SC 29407

**New Principal Place of Business:**

124 ASHLEY VILLA CIR.  
APT C  
CHARLESTON, SC 29414

**Current Mailing Address:**

15 OLD ENGLISH DR  
CHARLESTON, SC 29407

**New Mailing Address:**

124 ASHLEY VILLA CIR.  
APT C  
CHARLESTON, SC 29414

FEI Number: 26-1363059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EPPER, THOMAS G  
1481 PRESIDIO DRIVE  
WESTON, FL 33327 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: EPPER, THOMAS G  
Address: 1481 PRESIDIO DRIVE  
City-St-Zip: WESTON, FL 33327

I hereby 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 all other like empowered.

SIGNATURE: THOMAS EPPER

PRES

02/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date