


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90006 004 ***150.00

DOCUMENT # 300870			
1. Entity Name ATLANTIC & OCEAN INC			
Principal Place of Business 29 N OCEAN AVE DAYTONA BCH, FL 32118 US		Mailing Address PO BOX 263146 DAYTONA BEACH, FL 32126-3146 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1158968		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROL, JOSEPH D ESQ. 444 SEABREEZE BLVD. DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name MICHAEL J. FOREST Street Address (P.O. Box Number's Not Accepted) 105 N. HALIFAX AVE. City DAYTONA BEACH FL Zip Code 32118	
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 _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD FOREST, MICHAEL J. 105 NO. HALIFAX AVENUE DAYTONA BEACH, FL 321184250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD FOREST, ANGELINE 105 NO. HALIFAX AVENUE DAYTONA BEACH, FL 321184250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 a check box enclosed.			
SIGNATURE: <i>Michael J. Forest</i>		Date: 1-10-05 (386) 252-0227	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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01032005 Chg-P CR2E034 (10/03)

DEPARTMENT OF STATE