## **FILED** 2005 FOR PROFIT CORPORATION Mar 23, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F86860 1. Entity Name PROPERTIES ATLANTIC, INC. Principal Place of Business Mailing Address 2603 MAITLAND CENTER PKWY 2603 MAITLAND CENTER PKWY STE B STE B MAITLAND, FL 32751 US MAITLAND, FL 32751 US 01182005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-2200546 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERMAN, REID S. DO NOT WRITE 2603-B MAITLAND CENTER PKWY MAITLAND, FL 32751 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PV BERMAN, REID S. NAME U00000273794 STREET ADDRESS 1688 PINE AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 03/23/05-80042-017 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 received of 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:

NAME
STREET ADDRESS
CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05

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