

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90068 005 \*\*\*150.00

**DOCUMENT # P01000048174**

1. Entity Name

ATLANTIC R.V. & AUTO SERVICE, INC.



Principal Place of Business

39 BILLOW WOODS CIRCLE  
FLAGLER BEACH FL 32136

Mailing Address

39 BILLOW WOODS CIRCLE  
FLAGLER BEACH FL 32136

2. Principal Place of Business

403 N. Ocean Shore Blvd

3. Mailing Address

39 Bulow Woods Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Flagler Beach FL

City & State

Flagler Beach

Zip

32136

Country

USA

Zip

32136

Country

USA

4. FEI Number

59-3721384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHANTRY, CHARLES J  
39 BILLOW WOODS CIR  
FLAGLER BEACH FL 32136

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANTRY, CHARLES J	
STREET ADDRESS	39 BULOW WOODS CIR	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANTRY, MARGARET	
STREET ADDRESS	39 BULOW WOODS CIR	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** Margaret Chantry Margaret Chantry 2/17/05 386-439-1687  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #