2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90088 008 ***155.00

MOORE CR2E034 (11/03)

DOCUMENT # P01000051175

1. Entity Name
ATL COMMERCIAL, INC.

Principal Place of Business	Mailing Address
9309 OLD KINGS S, STE 1 JACKSONVILLE FL 32257	9309 OLD KINGS S, STE 1 JACKSONVILLE FL 32257

2. Principal Place of Business	3. Mailing Address
9310 OLD KINGS Rd S	9310 OLD KINGS Rd. S.
Suite, Apt. #, etc.: Suite 1902	Suite, Apt. #, etc.: Suite 1902
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32257 Country: USA	Zip: 32257 Country: USA

4. FEI Number 59-3719823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOOSBROCK, FRANK T
9309 OLD KINGS S, STE 1
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: LOOSBROCK, Frank T.
Street Address (P.O. Box Number is Not Acceptable): 9310 OLD KINGS ROAD South
Suite 1902
City: JACKSONVILLE FL Zip Code 32257

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOOSBROCK, FRANK 9309 OLD KINGS RD, STE. 1 JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOOSBROCK, Frank 9310 OLD Kings RD South Suite 1902 JACKSONVILLE FL 32257	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDMONDS, STEPHEN 9309 OLD KINGS RD., STE. 1 JACKSONVILLE FL 32257	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOOSBROCK FRANK 9310 OLD Kings Road South, Suite 1902 JACKSONVILLE, Florida 32257	☑ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/27/04 904-993-2598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #