

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90021 026 ***158.75

DOCUMENT #P03000091075	
1. Entity Name ATLANTIC HOME SERVICES, INC.	

Principal Place of Business 12208 75TH LANE NORTH WEST PALM BEACH, FL 33412 US	Mailing Address 12208 75TH LANE NORTH WEST PALM BEACH, FL 33412 US
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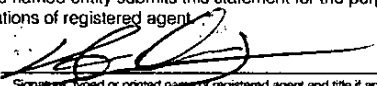
03092006 No Chg-P CR2E034 (11/05)

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4. FEI Number 20-0206049	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDOVAL, CARLOS O 12208 75TH LANE NORTH WEST PALM BEACH, FL 33412
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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 3/13/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	SANDOVAL, CARLOS O
NAME	12208 75TH LANE NORTH
STREET ADDRESS	WEST PALM BEACH, FL 33412
CITY-ST-ZIP	
TITLE OFFICE MANAGER	MAGDA SANDOVAL
NAME	12208 75th. LANE NORTH
STREET ADDRESS	WEST PALM BEACH, FL-33412
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/13/06 Daytime Phone # (561) 389-5624