

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90018 041 ***150.00

DOCUMENT # P03000143494 11. Entity/Name ATLANTIC METALS WELDING & FABRICATION CO.			
Principal/Place of Business 5580 1ST. AVE. KEY WEST, FL 33040		Mailing Address 14 VENTANA LN. KEY WEST, FL 33040	
2. Principal/Place of Business 6325 1st St		3. Mailing Address 6325 1st St #19	
City & State Key West, Fl.		City & State Key West, Fl.	
Zip 33040		Zip 33040	
Country USA		Country USA	
4. FEEL Number 45-0536163		☐ /Applied For ☐ /Not Applicable	
5. (Certificate of Status Desired) ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHN, DUANE N 14 VENTANA LN. KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name Susan Kahn Street Address (P.O. Box Number is Not Acceptable) 14 Ventana Ln. City Key West FL Zip Code 33040	
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 <u>Susan Kahn</u> <u>Susan Kahn VP</u> (Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 P NAME KAHN, DUANE N STREET ADDRESS 14 VENTANA LN. CITY-STATE-ZIP KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE V NAME KAHN, SUSAN T STREET ADDRESS 14 VENTANA LN. CITY-STATE-ZIP KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(b), 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: <u>Susan J. Kahn</u> <u>Susan T. Kahn</u> (Signature and typed or printed name of signing officer or director)		(305) 293-1865 (Date) (Daytime Phone #)	