2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \(\)

Mar 14, 2005 8:00 am **Secretary of State** DOCUMENT # P95000080868 1. Entity Name 03-14-2005 90090 041 ***158.75 ATLANTIC INDUSTRIES CONTRACTORS, INC. Principal Place of Business Mailing Address 1726 FIRST ST CITADEL ST. 1726 THST ST CITADEL ST. 4004056II LAKE PLACID FL 33852 LAKE PLACID FL 33852 US 2. Principal Place of Business 3. Mailing Address 1726 CITADEL ST. 1726 CITADEL ST. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3346443 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DALE BURY JAMES F. MCCOLLÜM, P.A. 129 S COMMÉRCE AVE Street Address (P.O. Box Number is Not Acceptable) 1726 CITADEL ST SEBRING FL 33870 Zip Code 33852 City LAKE PLACID, 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 PRESIDENT/OWNER 03-09-05 SIGNATURE 🛂 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change BURY, SUSAN M NAME NAME 1726 FIRST ST CITADEL ST. 1726 CITADEL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-\$1-ZIP TITLE Delete Change ☐ Addition TITLE NAME BURY, DALE M NAME 1726 PIRST ST CITADEL ST. 1726 CITADEL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID FL 33852 CITY-ST-ZIP TITLE □ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TOTAL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ING OFFICER OR DIRECTOR

FILED

03-*09-05*