

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 343553**

1. Entity Name  
**ATLANTIC CIVIL, INC.**



Principal Place of Business

**9350 S. DIXIE HIGHWAY  
SUITE 1250  
MIAMI, FL 33156**

Mailing Address

**9350 S. DIXIE HIGHWAY  
SUITE 1250  
MIAMI, FL 33156**



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1274059</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**TORCISE, STEVE  
9350 S. DIXIE HIGHWAY  
SUITE 1250  
MIAMI, FL 33156**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	TORCISE, STEVE SR.
STREET ADDRESS	17900 SW 288TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	D
NAME	TORCISE, ADELL
STREET ADDRESS	17960 SW 288TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	P
NAME	TORCISE, STEVE JR.
STREET ADDRESS	6800 SW 101ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	TORCISE, RICK
STREET ADDRESS	18000 SW 288TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000328190  
04/25/05-80069-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** Steve Torcise  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 305-670-9610  
Date Daytime Phone #