2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 210250

FILED Mar 04, 2004 Secretary of State

Entity Name: ATLANTIC RIDGE CORPORATION

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ER SHELL LN ACH, FL 32963	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P. O. BOX VERO BE	(3432 ACH, FL 329643	3432 US			
El Number	: 59-0902445	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent	: Name and Address	of New Registered Agent:	
380 OYST	DANIEL W ER SHELL LN ACH, FL 32963	US			
Γhe above n the Stat	e named entity su e of Florida.	bmits this statement for th	he purpose of changing its register	ed office or registered agent, or both	
SIGNATU					
	Electronic	Signature of Registered	Agent	Date	
Election Ca		Signature of Registered Frust Fund Contribution ().	Agent	Date	
		Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTO	
	mpaign Financing	Trust Fund Contribution (). ORS: Delete ARD W, LN			
OFFICER Fitle: Name: Address:	S AND DIRECTOR OF THE PD () EN RILEY JR, HOWA 524 SABLE OAK VERO BCH, FL 3	Trust Fund Contribution (). ORS: Delete ARD W, LN 82963 Delete LW, ELL LANE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTO	
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address:	PD () CRILEY JR, HOWA 524 SABLE OAK VERO BCH, FL 3 VSD () CRILESON, DANIEL 880 OYSTER SHIVERO BCH, FL 3	Trust Fund Contribution (). ORS: Delete ARD W, LN 82963 Delete L W, ELL LANE 82963 Delete EELL LANE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTO () Change () Addition	
DFFICER Title: Jame: John Strate John Stra	PD () CRILEY JR, HOWA 524 SABLE OAK VERO BCH, FL 32 VSD () CRILESON, DANIEL 880 OYSTER SHIVERO BCH, FL 32 TD () CRILSON, ELOISE 880 OYSTER SHIVERO BEACH, FL	Trust Fund Contribution (). ORS: Delete ARD W, LN 32963 Delete LW, ELL LANE 32963 Delete ELL LANE L 32963 Delete ELL LANE L 32963 Delete ELL LANE L 32963	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

	SIGNATURE: ELOISE R. NELSON	T	03/04/2004
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