


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 301622</b>		
1. Entity Name ATLANTIC FLORIDA CORP		
Principal Place of Business C/O C EDW MEEHAN 22 CAYUGA RD FORT LAUDERDALE, FL 33308 US	Mailing Address C/O C EDW MEEHAN 22 CAYUGA RD FORT LAUDERDALE, FL 33308 US	



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-1227718	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MEEHAN III, C EDWARD 22 CAYUGA RD FT LAUDERDALE, FL 33308	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering)

DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	SD MEEHAN III, C EDWARD 22 CAYUGA RD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEEHAN, SHERRY R 22 CAYUGA RD FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/12/05-80018-025 158.75

**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)(f), 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

C. EDWARD MEEHAN III

1-8-05

Date

954 448-6868

Daytime Phone #