

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312129

Entity Name: ATLANTIC DIESEL SERVICE, INC.

FILED
Jan 15, 2005
Secretary of State

Current Principal Place of Business:

830 COUNTY ROAD 621 EAST
POST OFFICE BOX 993
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 993
POST OFFICE BOX 993
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-1160304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIEMAN, BETTY M.
830 COUNTY ROAD 621E
POST OFFICE BOX 993
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

NIEMAN, BETTY M.
830 COUNTY ROAD 621E
POST OFFICE BOX 993
LAKE PLACID, FL 33862 US

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.

SIGNATURE: _____ 01/15/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NIEMAN, BETTY M.,
Address: 830 COUNTY ROAD 621E
City-St-Zip: LAKE PLACID, FL 33852 US

Title: STD () Delete
Name: EICHHORN, GEORGINA C. .
Address: 830 COUNTY ROAD 621E
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VPD () Delete
Name: EICHHORN, GERALD,
Address: 830 COUNTY ROAD 621 E
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTY M. NIEMAN PD 01/15/2005
Electronic Signature of Signing Officer or Director Date