

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312129

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: ATLANTIC DIESEL SERVICE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

830 COUNTY ROAD 621 EAST  
LAKE PLACID, FL 33852

## Current Mailing Address:

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

## New Mailing Address:

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

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 33862 US

## Name and Address of New Registered Agent:

NIEMAN, BETTY M.  
830 COUNTY ROAD 621E  
LAKE PLACID, FL 33852 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: BETTY M. NIEMAN

02/01/2007

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 Chapter 119, 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

02/01/2007

Electronic Signature of Signing Officer or Director

Date