2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312129

Name:

Address: City-St-Zip: EICHHORN, GERALD,

830 COUNTY ROAD 621 E

LAKE PLACID, FL 33852 US

FILED Feb 01, 2007 Secretary of State

Entity Name: ATLANTIC DIESEL SERVICE, INC.					
Current Principal Place of Business:				New Principal Place of Business:	
830 COUNTY ROAD 621 EAST POST OFFICE BOX 993 LAKE PLACID, FL 33852				830 COUNTY ROAD 621 EAST LAKE PLACID, FL 33852	
Current Mailing Address:				New Mailing Address:	
	993 ICE BOX 993 DID, FL 33862	US	-	P. O. BOX 993 LAKE PLACID, FL 33862	US
FEI Number:	59-1160304	FEI Number Applied For ()	FEI Numb	per Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
NIEMAN, BETTY M. 830 COUNTY ROAD 621E POST OFFICE BOX 993 LAKE PLACID, FL 33862 US				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:			F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E NIEMAN, BETTY 830 COUNTY RO LAKE PLACID, F	AD 621E	N A	Fitle: () 0 Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	STD () EICHHORN, GEC 830 COUNTY RO LAKE PLACID, FI	AD 621E	N A	Fitle: () 0 Name: Address: City-St-Zip:	Change () Addition
Title:	VPD ()	Pelete	Т	Γitle: () C	Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BETTY M. NIEMAN PD 02/01/2007