


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 343553	
1. Entity Name ATLANTIC CIVIL, INC.	

Principal Place of Business 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156	Mailing Address 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1274059	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 TORCISE, STEVE 9350 S. DIXIE HIGHWAY SUITE 1250 MIAMI, FL 33156

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TORCISE, STEVE SR. 17900 SW 288TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORCISE, ADELL 17960 SW 288TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORCISE, STEVE JR. 6800 SW 101ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TORCISE, RICK 18000 SW 288TH STREET HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Rick Torcise	2/23/04	3056709610
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	