


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 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	



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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	<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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PD 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	VPAS CARROLL, FRANK 1020 D. CIRCLE TERRACE EAST DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000819804  
02/18/08-80002-025 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Steve Torcise* 2-1-08 3056709610  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #