2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 02, 2004 8:00 am **DOCUMENT # 426678 Secretary of State** 1. Entity Name 03-02-2004 90035 027 ***150.00 ATLANTIC BROKERS, INC. Principal Place of Business Mailing Address 1556 ATLANTIC BLVD. 1556 ATLANTIC BLVD. NEPTUNE BEACH FL 32266-8717 NEPTUNE BEACH FL 32266-8717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-1462401 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALLAHAN, DENNIS H Street Address (P.O. Box Number is Not Acceptable) 1556 ATLANTIC BLVD NEPTUNE BEACH FL 32266 Zip Code 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition CALLAHAN, DENNIS NAME NAME STREET ADDRESS 1556 ATLANTIC BLVD STREET ADDRESS NEPTUNE BEACH FL 32266 CITY-ST-7IP CITY-ST-7/P SEC. TREAS TITLE ☐ Delete TITLE Change ☐ Addition NAWCY CALLAHAN 1556 ARANTE BLUD NE ONNE BEACH FO 32266 CALLAHAN, NANCY H NAME NAME 1556 ATLANTIC BLVD STREET ADDRESS STREET ADDRESS NEPTUNE BEACH FL 32266 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED