

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 426678**

1. Entity Name

ATLANTIC BROKERS, INC.



Principal Place of Business

1556 ATLANTIC BLVD.  
NEPTUNE BEACH FL 32266-8717

Mailing Address

PO BOX 330065  
ATLANTIC BEACH FL 32233-0065



2. Principal Place of Business - No P.O. Box #

1556 ATLANTIC BLVD

3. Mailing Address

PO BOX 330065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State  
NEPTUNE BEACH, FL

City & State  
ATLANTIC BEACH, FL

4. FEI Number 59-1462401

Applied For  
Not Applicable

Zip Country  
32266 USA

Zip Country  
32233 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAHAN, DENNIS H  
1556 ATLANTIC BLVD  
NEPTUNE BEACH FL 32266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CALLAHAN, DENNIS	
STREET ADDRESS	1556 ATLANTIC BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALLAHAN, NANCY H	
STREET ADDRESS	1556 ATLANTIC BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

000000823641  
02/20/08-80045-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

**SIGNATURE:** *Nancy H Callahan* **NANCY H CALLAHAN** 2.6.08 904.249.3813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #