

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 439444

1. Entity Name
ATLANTIC DISTRIBUTORS INC.



Principal Place of Business
**4750 HIGHWAY AVE
JACKSONVILLE, FL 32254-3790 US**

Mailing Address
**4750 HIGHWAY AVE
JACKSONVILLE, FL 32254-3790 US**



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1580429

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOD, JULIAN C.
4750 HIGHWAY AVENUE
JACKSONVILLE, FL 32254**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRESMERY, CAROLYN
STREET ADDRESS	1109 HAMLET CT
CITY-ST-ZIP	NEPTUNE BCH. FL
TITLE	S
NAME	WOOD, JULIAN C
STREET ADDRESS	1733 N. 1ST STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	JOHNSON, MARY F.
STREET ADDRESS	76 NAUGATUCK DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T
NAME	HOLZFASTER, TANYA
STREET ADDRESS	4750 HIGHWAY AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80053-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Carolyn Kresmery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/04 9045459441