

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 012 ***150.00

DOCUMENT # 846942

1. Entity Name
ATLANTIC PLANT MAINTENANCE, INC.



Principal Place of Business
**2510 BELTWAY 8
PASADENA, TX 77503-0000**

Mailing Address
**PO BOX 2216
SCHENECTADY, NY 12301-2216 US**

44038988



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1587578	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD RIVES, RICK L 3225 PASADENA BLVD PASADENA, TX 77503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST MADSEN, GARY 2510 BELTWAY 8 PASADENA, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROWE, TED E 19 COOLIDGE HILL RD WATERTOWN, MA 02172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATS MELITA, BARBARA 12 CORPORATE WOODS BLVD. ALBANY, NY 12211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Barbara A Melita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

Daytime Phone # _____