2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90547 031 ***150.00

DOCUMENT # 846942

1. Entity Name
ATLANTIC PLANT MAINTENANCE, INC.

14014920

Principal Place of Business	Mailing Address
2510 BELTWAY 8 PASADENA, TX 77503-0000	PO BOX 2216 SCHENECTADY, NY 12301-2216 US

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIVES, RICK L 3225 PASADENA BLVD PASADENA, TX 77503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST MADSEN, GARY 2510 BELTWAY 8 PASADENA, TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROWE, TED E 19 COOLIDGE HILL RD WATERTOWN, MA 02172	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEBBER, NANCY J 3225 PASADENA BLVD PASADENA, TX 77503	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATS MELITA, BARBARA 12 CORPORATE WOODS BLVD. ALBANY, NY 12211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATAS CAMERON, BARBARA A	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: BA Cameron BARBARA A. CAMERON 4/19/05 518-433-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #