

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005699**

1. Entity Name  
ATLANTIC ENGINEERING GROUP, INC.



Principal Place of Business  
1136 ZION CHURCH ROAD  
BUILDING A, SUITE 110  
BRASELTON, GA 30517

Mailing Address  
PO BOX 790  
BRASELTON, GA 30517



01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2227243	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BUSINESS FILINGS, INC.  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301-2960

**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)

000000642963  
03/01/07-80065-016 158.75  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE *X CAO*  
NAME CORBETT, H. LEE  
STREET ADDRESS 2705 MALL OF GEORGIA, APT. 514  
CITY-ST-ZIP BUFORD, GA 30519

TITLE CEO  
NAME SALTER, JAMES H  
STREET ADDRESS 604 PRICE MOUNTAIN ROAD  
CITY-ST-ZIP PENDERGRASS, GA 30567

TITLE SV  
NAME SALTER, ANGELA W  
STREET ADDRESS 604 PRICE MOUNTAIN ROAD  
CITY-ST-ZIP PENDERGRASS, GA 30567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Chapter 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 706-654-2298  
Date Daytime Phone #