

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000414

1. Entity Name
ATLANTIC MICROWAVE CORPORATION



Principal Place of Business
58 MAIN STREET, SUITE 117
BOLTON, MA 01740

Mailing Address
58 MAIN STREET, SUITE 117
BOLTON, MA 01740

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3252206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAEFER, STEVEN
STREET ADDRESS 58 MAIN STREET, ROUTE 117
CITY-ST-ZIP BOLTON, MA 01740

TITLE CEO
NAME GAGGIN, DAVID V
STREET ADDRESS 58 MAIN STREET, ROUTE 117
CITY-ST-ZIP BOLTON, MA 01740

TITLE TS
NAME FULLER, DAVID L
STREET ADDRESS 58 MAIN STREET, ROUTE 117
CITY-ST-ZIP BOLTON, MA 01740

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000955844
07/22/08-80009-005 150.00

**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

DAVID L. FULLER

7-14-08

Date

978-779-7012

Daytime Phone #