

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90175 030 ***150.00

DOCUMENT # F04000004538

1. Entity Name
ATLANTIC HOME SALES INC. OF DELAWARE



Principal Place of Business
2300 S. NOVA RD
DO DAYTONA, FL 32119

Mailing Address
2300 S. NOVA RD
DO DAYTONA, FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005

Chg-P

CR2E034 (10/03)

4. FEI Number
77-0615938

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

CASE, JUDITH G
2300 S NOVA RD., #50
SO DAYTONA, FL 32119

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agents signatures required when renewing)

DATE

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-STATE-ZIP
PC
CASE, THOMAS D SR
2300 S NOVA RD
DO DAYTONA, FL 32119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President/Chairman
JUDITH G Case
2300 So Nova Rd #50
South Daytona FL 32119 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
CUTILLO, EMANUEL P
2300 S NOVA RD
DO DAYTONA, FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-STATE-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:

Judith G Case

4-25-05

386-767-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone