

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005707**

1. Entity Name

ATLANTIC MD BONDING COMPANY INC.



Principal Place of Business

1726 REISTERS TOWN ROAD SUITE 212  
BALTIMORE, MD 21208

Mailing Address

1726 REISTERS TOWN ROAD SUITE 212  
BALTIMORE, MD 21208



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
52-1236659

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

LAPIDUS, ALVIN M  
19333 COLLINS AVE, UNIT 1601  
SUNNY ISLE, FL 33160

**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 Alvin M Lapidus

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

(NOTE: Registered Agent signature required when reinstating)

1/23/06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

1000000402275  
02/03/06-80001-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE CP  
NAME LAPIDUS, ALVIN M  
STREET ADDRESS 19333 COLLINS AVENUE UNIT 1601  
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE VCP  
NAME ORING, NANCY L  
STREET ADDRESS 57 BELLCHASE COURT  
CITY-ST-ZIP BALTIMORE, MD 21208

TITLE D  
NAME CORENBLUM, CARYN  
STREET ADDRESS 2821 CANOE BROOK LANE  
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE D  
NAME COHEN, SIMONE  
STREET ADDRESS R HARROW COURT  
CITY-ST-ZIP PIKESVILLE, MD 21208

TITLE S  
NAME ORING, STANLEY  
STREET ADDRESS 57 BELLCHASE COURT  
CITY-ST-ZIP BALTIMORE, MD 21208

TITLE T  
NAME ORING, NANCY  
STREET ADDRESS 57 BELL CHASE COURT  
CITY-ST-ZIP BALTIMORE, MD 21208

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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: Alvin M Lapidus Alvin Lapidus 1/23/06 410-484-3100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #