

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 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**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1236659

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

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

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000774876

01/08/08 80007 017 158.75

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	VCVP
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	REBECCA, ORING
STREET ADDRESS	57 BELL CHASE 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: *Nancy L Oring, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08
Date

410-484-3100
Daytime Phone #