


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90017 043 \*\*\*150.00

<b>DOCUMENT # F40255</b>		
1. Entity Name PETRO-ATLANTIC CORP.		

Principal Place of Business 45 MCLEOD ST SUITE 3 MERRITT ISLAND, FL 32953 US	Mailing Address PO BOX 608474 ORLANDO, FL 32860-8474 US
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2. Principal Place of Business Suite, Apt. #, etc. 609 Fayette DR. S. City & State Safety Harbor, FL Zip 34695 Country US	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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07032006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2151000	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRENT, SHARON 6210 JENNINGS RD ORLANDO, FL 32808	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOORE, JAMES E 1148 FLORA VISTA ST. TRINITY, FL 34655 <i>New address</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1402 Country Trails Drive Safety Harbor, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOORE, KASEY 609 FAYETTE DR. S. SAFETY HARBOR, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TRENT, SHARON 6210 JENNINGS RD ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 Kasey Moore 7/07/2006 727-726-2235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

727-723-8324