


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # F77684 1. Entity Name ATLANTIC IMPORTED AUTO, INC.	
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Principal Place of Business 7311 ATLANTIC BLVD JACKSONVILLE, FL 32211 US	Mailing Address 7311 ATLANTIC BLVD JACKSONVILLE, FL 32211 US
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2194260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEAL, PATRICK
1589 HOLLY OAKS LAKE ROAD, WEST
JACKSONVILLE, FL 32225

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST O'NEAL, PATRICK 1589 HOLLY OAKS LAKE ROAD, WEST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEAL, LINDA 1589 HOLLY OAKS ROAD, WEST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/08-80012-009 150.00

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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 or without like empowered.

SIGNATURE:  **2/24/08** **(904) 721-0767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone