

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F78052

1. Entity Name
ATLANTIC SIGNS, INC.



Principal Place of Business
**107 MOTT STREET
JACKSONVILLE, FL 32254 US**

Mailing Address
**107 MOTT STREET
JACKSONVILLE, FL 32254 US**

DO NOT WRITE IN THIS SPACE

**FILED
Apr 15, 2005 8:00 am
Secretary of State**

04-15-2005 90089 001 ***150.00



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2187543	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JORDAN, ROBERT
107 MOTT ST
JACKSONVILLE, FL 32254**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	JORDAN, ROBERT
STREET ADDRESS	107 MOTT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32254

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

Robert Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**