## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

h an address, with all other like empowered.

SIGNATURE:

## Mar 25, 2005 8:00 am Secretary of State DOCUMENT # F94000002599 1. Entity Name 03-25-2005 90023 005 \*\*\*150.00 ATLANTIC.NET, INC. Principal Place of Business Mailing Address 2815 NW 13TH ST 2815 NW 13TH ST GAINESVILLE FL 32609 GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3234264 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AYOUB PAUL WARD, JACQUES Street Address (P.O. Box Number is Not Acceptable) 2815 NW 13TH ST., #201 GAINESVILLE FL 32609 2815 NN 1365 ST 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 PAUL AYOUB SIGNATURE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete ☐ Change ☐ Addition NAME PURANIK, MANOJ NAME STREET ADDRESS 2815 NW 13TH ST., #201 STREET ADDRESS **GAINESVILLE FL 32609** CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change X Addition HSCOCK, NEAL 2815 NU 13th ST #201 WARD, JACQUES NAME NAME STREET ADDRESS 2815 NW 13TH ST. #201 STREET ADDRESS GAWBVILLE, FL 32609 CITY-ST-ZIP GAINESVILLE FL 32609 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition AYOUB. PAUL NAME STREET ADDRESS STREET ADDRESS 3618 NW 64TH LANE CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME SZERT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Arans , CFO 3/1/05

FILED