

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90037 031 ***150.00

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1. Entity Name

ATLANTIC DEVELOPMENT & MANAGEMENT SE., INC.



Principal Place of Business

1615 S FEDERAL HWY

202

BOCA RATON, FL 33432 US

Mailing Address

1615 S FEDERAL HWY

202

BOCA RATON, FL 33432 US



02012004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0451393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEIMAN, JAN S

4800 N. FEDERAL HIGHWAY, STE 307B

BOCA RATON, FL 33431

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KRAUSER, CHARLES R
STREET ADDRESS	304 SOUTH MAYA PALM DRIVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD
NAME	GOLTRA, JOHN R
STREET ADDRESS	1323 FAN PALM ROAD
CITY-ST-ZIP	BOCA RATON, FL 33452
TITLE	STD
NAME	D'ANGELO, ALBERT
STREET ADDRESS	4882 LEDGEWOOD ROAD 5 Dory Court
CITY-ST-ZIP	MOUNTAINSIDE, NJ Warren, NJ 07059
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #