

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002558

1. Entity Name

ATLANTIC FINANCIAL MANAGERS, INC.



Principal Place of Business

2808 FAIRMOUNT
SUITE 250, LB9
DALLAS, TX 75201

Mailing Address

2808 FAIRMOUNT
SUITE 250, LB9
DALLAS, TX 75201



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2637933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

000000158515
05/05/04-00081-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BROOKSHIRE, STEPHEN S
STREET ADDRESS	2808 FAIRMOUNT SUITE 250 LB9
CITY - ST - ZIP	DALLAS, TX 75201
TITLE	D
NAME	REILLY, MICHAEL A
STREET ADDRESS	1000 BALLPARK WAY, STE 304
CITY - ST - ZIP	ARLINGTON, TX
TITLE	V
NAME	REILLY III, T W
STREET ADDRESS	1000 BALLPARK WAY, STE 304
CITY - ST - ZIP	ARLINGTON, TX
TITLE	S
NAME	BRAWNER, JEFFREY B
STREET ADDRESS	2808 FAIRMOUNT SUITE 250 LB9
CITY - ST - ZIP	DALLAS, TX 75201
TITLE	DOFA
NAME	KEATH, PATRICIA W
STREET ADDRESS	2808 FAIRMOUNT SUITE 250 LB9
CITY - ST - ZIP	DALLAS, TX 75201
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, without either being empowered

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Brookshire

Date

Daytime Phone #

4/28/04