

**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  
 05/05/04-80081-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BROOKSHIRE, STEPHEN S 2808 FAIRMOUNT SUITE 250 LB9 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REILLY, MICHAEL A 1000 BALLPARK WAY, STE 304 ARLINGTON, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REILLY III, T W 1000 BALLPARK WAY, STE 304 ARLINGTON, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRAWNER, JEFFREY B 2808 FAIRMOUNT SUITE 250 LB9 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOFA KEATH, PATRICIA W 2808 FAIRMOUNT SUITE 250 LB9 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)(f), 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 like empowered

SIGNATURE: *By: [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Stephen Brookshire*

*4/28/04*