

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90358 039 ***150.00

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
BROOKSHIRE, STEPHEN S
2808 FAIRMOUNT SUITE 250 LB9
DALLAS, TX 75201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
REILLY, MICHAEL A
1000 BALLPARK WAY, STE 304
ARLINGTON, TX** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
REILLY III, T W
1000 BALLPARK WAY, STE 304
ARLINGTON, TX** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BRAWNER, JEFFREY B
2808 FAIRMOUNT SUITE 250 LB9
DALLAS, TX 75201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DOFA
KEATH, PATRICIA W
2808 FAIRMOUNT SUITE 250 LB9
DALLAS, TX 75201** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1017 So. F.M. Rd. 5
Aledo, TX 76008** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1017 So. F.M. Rd. 5
Aledo, TX 76008** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/13/06 (214) 303-1653