

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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**



04112007 No Chg-P CR2E034 (11/05)

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, 2007 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, MICHAEL A 1017 S. F.M. RD. 5 ALEDO, TX 76008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REILLY III, T W 1017 S. F.M. RD. 5 ALEDO, TX 76008
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	

U000000750309
05/18/07-80058-010 150.00

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IN THIS SPACE**

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 #