

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90013 050 ***150.00

DOCUMENT # F99252

1. Entity Name

ATLANTIC CONTINENTAL, INC.



Principal Place of Business

9480 S MILITARY 4A
~~P.O. BOX 4529~~
BOYNTON BEACH FL 33424

Mailing Address

9480 S MILITARY 4A
~~P.O. BOX 4529~~
BOYNTON BEACH FL 33424 33436



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

9480 S MILITARY 4A
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Boynton Bch 97

4. FEI Number 59-2222086

Applied For
Not Applicable

Zip

Country

Zip

33436

Country

Palm Bch

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLIMINE, NICHOLAS A., JR.
9480 S MILITARY 4A
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SOLIMINE, NICHOLAS A	
STREET ADDRESS	9480 S MILITARY 4A	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KNOBBE, NITA L.	
STREET ADDRESS	9480 S MILITARY 4A	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nita L. Knibbe

NITA L. KNOBBE

1/23/07 5617389308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #