2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

Feb 24, 2005 08:00 AM DOCUMENT # G07397 **Secretary of State** 1. Entity Name ATLANTIC SOUTHERN PRODUCTIONS, INC. Mailing Address Principal Place of Business 8950 SILKWOOD CT. SARASOTA FL 34238 PO BOX 1299 OSPREY FL 34229 2. Principal Place of Business_ 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2244677 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANLEY E MARABLE Street Address (P.O. Box Number is Not Acceptable) 677 N WASHINGTON BLVD SUITE 2 SARASOTA FL 34236 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVD TITLE Change ☐ Addition TITLE Delete WINDER, WILLIAM RAY, JR. NAME 8950 SILKWOOD CT. STREET ADDRESS 1300000240573 STREET ADDRESS 02/24/05-80008-017 150.00 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Change ☐ Addition DILLE Delete TITLE PARKER, DIANE A'DELL NAME NAME STREET ADDRESS 5732 AUGUSTA CT STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete TIME Change Addition TITLE NAME NAME WINDER, WILLIAM RAY, III STREET ADDRESS STREET ADDRESS 309 15TH AVE NW CITY-ST-ZIP CHY-ST-ZIP RUSKIN FL 33570 Change TITLE Delete T(T) FAddition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY: \$1.ZIP ☐ Change ☐ Addition ☐ Delete TIME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 011Y+S1-ZiP Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Crity-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 truesde empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Daytime Phone #