


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G07397**  
 1. Entity Name  
**ATLANTIC SOUTHERN PRODUCTIONS, INC.**



Principal Place of Business      Mailing Address  
 8950 SILKWOOD CT.      PO BOX 1299  
 SARASOTA, FL 34238 US      OSPREY, FL 34229 US

**DO NOT WRITE IN THIS SPACE**



01032007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2244677**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**STANLEY E MARABLE**  
**677 N WASHINGTON BLVD**  
**SUITE 2**  
**SARASOTA, FL 34236**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PVD WINDER, WILLIAM RAY, JR. 8950 SILKWOOD CT. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, DIANE A'DELL 5732 AUGUSTA CT SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WINDER, WILLIAM RAY, III 309 15TH AVE NW RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *William Ray Winder, III*      4-15-07      (941)488-4666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #