


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90013 037 ***150.00

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

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



2. Principal Place of Business - No P.O. Box # 608 Flamingo Drive Suite, Apt. #, etc. Venice, FL. City & State Zip 34285 Country USA	3. Mailing Address P.O. Box 1299 Suite, Apt. #, etc. Osprey City & State FL. Zip 34229 Country USA
---	---

01042008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2244677	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	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 _____ 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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVD WINDER, WILLIAM RAY, JR. <input type="checkbox"/> Delete	TITLE	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Winder, William Ray, Jr. 608 Flamingo Drive Venice, FL. 34285
NAME	8950 SILKWOOD CT. →	NAME	
STREET ADDRESS	SARASOTA, FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DIANE A'DELL	NAME	
STREET ADDRESS	5732 AUGUSTA CT	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 34238	CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDER, WILLIAM RAY, III	NAME	
STREET ADDRESS	309 15TH AVE NW	STREET ADDRESS	
CITY - ST - ZIP	RUSKIN, FL 33570	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 R. Winder* 4-15-08 (941) 488-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #