

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # G78398 1. Entity Name ATLANTIC RV, INC.	
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Principal Place of Business 2330 U S 1 SOUTH P O BOX 1926 ST. AUGUSTINE, FL 32085	Mailing Address P O BOX 1659 ST. AUGUSTINE, FL 32085
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1498649	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOWE, PHILIP W. 2330 U S 1 SOUTH ST. AUGUSTINE, FL 32085

**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:  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, 2006 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	DP LOWE, PHILIP W. U.S. HWY #1 PO BOX 1926 ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUTHRIE, PATRICIA A 1 JOHN ANDERSON DR. #719 ORMOND BEACH, FL 321765791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOWERS, JOAN F 10 BIRCHWOOD DR. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWE, MICHAEL W 880 CHERRY TREE RD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/24/06-80042-021 150.00

**DO NOT WRITE
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:  DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR