## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 22, 2007 08:00 AN DOCUMENT # H20433 **Secretary of State** ATLANTIC AUTO TRIM AND GLASS, INC. Principal Place of Business Mailing Address 1005 12TH STREET 1005 12TH STREET VERO BEACH, FL 32960 VERO BEACH, FL 32960 01172007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2445419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOLDUC, THEODORE E. DO NOT WRITE 1005 12TH STREET VERO BEACH, FL 32960 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. Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstaling) - DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE NAME BOLDUC, THEODORE E STREET ADDRESS 1005 12TH STREET City-ST-Zip VERO BEACH, FL DST INLE 11000000594033 BOLDUC, BARBARA E. NAME. 01/22/07-80057-005 150.00 **1005 12TH STREET** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP HTEF NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 path; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100001

770-567-038

Daytime Prione #

**FILED**