

DOCUMENT # H65587

1. Entity Name

ATLANTIC ALARMS, INC.



FILED
Apr 21, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2559564** ☐ Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent

CALHOUN, RICHARD, JR.
4874 S.W. 163 AVE.
FT. LAUDERDALE FL 33331

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	CALHOUN, RICHARD, JR.	4874 S.W. 163 AVE.	FT. LAUDERDALE FL	☐
VPD	CALHOUN, JONI	4874 S.W. 163 AVE.	FT. LAUDERDALE FL	☐
S	CALHOUN, JONI	4874 S.W. 163 AVE.	FT. LAUDERDALE FL	☐
T	CALHOUN, JONI	4874 S.W. 163 AVE.	FT. LAUDERDALE FL	☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Add
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

U00000523119
05/03/06-80059-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joni Calhoun

JONI CALHOUN

4/19/06 954-961-3970