2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# L52793

Entity Name: ATLANTIC MICRO SYSTEMS OF JACKSONVILLE, INC.

Current Principal Place of Business:

8535 BAYMEADOWS RD
SUITE #18
JACKSONVILLE, FL 322567445 US

New Principal Place of Business:

Current Mailing Address:

8535 BAYMEADOWS RD
SUITE #18
JACKSONVILLE, FL 322567445 US

New Mailing Address:

FEI Number: 59-2994826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON III
2301 INDEPENDENT SQUARE
ONE INDDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HOLBROOK, H. LEON II, I	
Address:	ONE INDEPENDENT DRIVE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	PRINCE, JOHN M.,	
Address:	4440 ASHMONT CT	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	THOMAS, ROBERT W.,	
Address:	4313 201 PLAZA GATE LANE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	PRINCE, PAUL R	
Address:	9149 AGINCOURT LANE	
City-St-Zip:	JACKSONVILE, FL	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	SPIVEY, DONALD R CFO	
Address:	8535 BAYMEADOWS ROAD, STE. 18	
City-St-Zip:	JACKSONVILLE, FL 32256	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SPIVEY CFO 04/21/2005

Electronic Signature of Signing Officer or Director — Date