

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52793

FILED
Jul 05, 2006
Secretary of State

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 INDEPENDENT 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 ASHMON 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: JACKSONVILLE, FL

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

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

07/05/2006

Electronic Signature of Signing Officer or Director

_____ Date