


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90034 005 ***150.00

DOCUMENT # L67772 1. Entity Name ATLANTIC RECOVERY, INC.	
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Principal Place of Business 803 SOUTH INDIAN RIVER DRIVE FT PIERCE, FL 34950	Mailing Address 803 SOUTH INDIAN RIVER DRIVE FT PIERCE, FL 34950
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01132005 -- No Chg-P -- CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0203822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLYNN, CHARLES W 1950 SW 27TH AVE <i>1401 BRICKELL AVE Suite 825</i> MIAMI, FL 33044 <i>MIAMI, FL 33131</i>
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RATICAN, CHRISTOPHER 803 S INDIAN RIVER DR FT PIERCE, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Christopher C. Ratican 3/22/5 7724655349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #