

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80922

Entity Name: ATLANTIC IMPORTS, INC.

FILED  
Feb 18, 2009  
Secretary of State

## Current Principal Place of Business:

10575 ATLANTIC BLVD  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

## Current Mailing Address:

10585 ATLANTIC BLVD  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

FEI Number: 59-2887586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GALEANI, JOHN  
10585 ATLANTIC BLVD  
JACKSONVILLE, FL 32225 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: DEMOND, JEFF,  
Address: ONE MANHATTANVILLE RD  
City-St-Zip: PURCHASE, NY 10577

Title: DP ( ) Delete  
Name: GALEANI, JOHN,  
Address: 10585 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VCFO ( ) Delete  
Name: SALVATORE, ROSA  
Address: 10585 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: BRESNAN, ROBERT  
Address: ONE MANHATTANVILLE RD  
City-St-Zip: PURCHASE, NY 10577

Title: D ( ) Delete  
Name: GISLASON, PAUL,  
Address: 1505 SQUIRRELS NEST RD  
City-St-Zip: KASOTA, MN 56050

Title: D ( ) Delete  
Name: MEREDITH, DONALD,  
Address: 40 HANTEN DR  
City-St-Zip: MANKATO, MN 56001

## 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: SALVATORE ROSA

VCFO

02/18/2009

Electronic Signature of Signing Officer or Director

Date