

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90069 049 ***150.00

DOCUMENT # P00000093959	
1. Entity Name ATLANTIC FINISHING, INC.	



Principal Place of Business 3435 ENTERPRISE AVE. NAPLES, FL 34104	Mailing Address 3435 ENTERPRISE AVE. NAPLES, FL 34104
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20006673

2. Principal Place of Business 3410 West View Dr	3. Mailing Address 3410 West View Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples FL	City & State Naples FL
Zip 34104	Country USA



01252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LOPEZ, PABLO- 3435 ENTERPRISE AVE. NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Lopez, Pablo Street Address (P.O. Box Number is Not Acceptable) 3410 West View Drive City Naples FL Zip Code 34104	
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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 **Pablo Lopez** (NOTE: Registered Agent signature required when reinstating) DATE **1-26-05**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, PABLO 5221 TRAMMEL ST. NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, JESUS 5221 TRAMMEL ST. NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, ABEL 5221 TRAMMEL ST. NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Pablo Lopez** **1-26-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #