

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000094253

FILED
Oct 09, 2006
Secretary of State

Entity Name: ATLANTIC ENTERPRISES OF JACKSONVILLE, INC.

Current Principal Place of Business:

5651 COLCORD AVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

5651 COLCORD AVE
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3686027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, CRYSTAL A VP
5651 COLCORD AVE
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

SHAW, JOHN C P
5651 COLCORD AVE
JACKSONVILLE, FL 32211 US

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: JOHN C SHAW

10/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEVY, CRYSTAL A
Address: 5651 COLCORD AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: P () Delete
Name: SHAW, JOHN C
Address: 4946 MAYBANK WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Delete
Name: SHAW, ROMY L
Address: 4946 MAYBANK WAY
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAW, JOHN C
Address: 5651 COLCORD AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP (X) Change () Addition
Name: SHAW, ROMY L
Address: 4946 MAYBANK WAY
City-St-Zip: JACKSONVILLE, FL 32225

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: JOHN C SHAW

P

10/09/2006

Electronic Signature of Signing Officer or Director

Date