2007 FOR PROFIT CORPORATION

Mar 28, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-28-2007 90162 001 ***150.00 **DOCUMENT # P00000100154** 03-28-2007 90162 002 ***150.00 ATLANTIC SHORES MANAGEMENT, INC. Mailing Address Principal Place of Business 3511 S. PENINSULA DR. 3511 S. PENINSULA DR. DAYTONA BEACH, FL 32127 DAYTONA BEACH, FL 32127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02072007 City & State Applied For City & State 4. FEI Number 59-3679728 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLOMON, KAREN D Street Address (P.O. Box Number is Not Acceptable) 3511 S. PENINSULA DR. DAYTONA BEACH, FL 32127 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition SOLOMON, KAREN D NAME NAME STREET ADDRESS 49 VILLAGE DR. STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST ZIP CITY-ST-ZIP DS HILE ☐ Delete TITLE Change ☐ Addition ROSKAMP, MARK NAME NAME STREET ADDRESS 131 OAK LANE STREET ADDRESS ORMOND BEACH, FL 32174 CITY-SI-ZIP CITY- ST- ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TILLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY ST-ZIP

☐ Delete

aren SIGNATURE!

NATURE AND TYPED OR PRINTED NAME OF

TITLE

NAME STREET ADDRESS

CHY-ST-ZIP

Change

Addition

FILED

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100154 1. Entity Name ATLANTIC SHORES MANAGEMENT, INC. Principal Place of Business Mailing Address					ATTACHMENT 66007023				
3511 S. PENINSULA DR. DAYTONA BEACH, FL 32127 3511 S. PENINSULA DR. DAYTONA BEACH, FL 32127									
2. Principal Place of Business - No P.O. Box # 3. Mailing Add					1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072007	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Numb				plied For Applicable
Zip _	_ Country	Zip	Count	try	<u> </u>	e of Status Desired	Fe L	3.75 Add e Required	
6. Name and Address of Current Registered Agent				Name	7. Name and	d Address of New R	egistered Age	ent	
SOLOMON, KAREN D 3511 S. PENINSULA DR. DAYTONA BEACH, FL 32127				Street Address ((P.O. Box Numb	per is Not Acceptable	9)	•	
				City			FL	Zip Code	·
	named entity submits this statement f	ed office or register	red agent, or bo	oth, in the State of Flo		niliar with,	and accept		
the obligations of registered agent.									
SIGNATURE							OATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF			
NAME.	SOLOMON, KAREN D	☐ Deleje	NAME				L] Change	☐ Addition
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NAME STREET ADDRESS	ROSKAMP, MARK 131 OAK LANE		NAME STREE	t et audress					
CITY-SI-ZIP	ORMOND BEACH, FL 32174 CIT			ST ZIP					
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STREET AUDITESS				ET ADDRESS					
12. Thereby certify that the information supplied with this Itling does not quality for the exemptions contained 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dute Layrane Property									
JOIGIAN		PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	TOR		Date	Lisyn	arne Chapter #	