

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000100154

Entity Name: ATLANTIC SHORES MANAGEMENT, INC.

FILED  
Oct 17, 2008  
Secretary of State

## Current Principal Place of Business:

3511 S. PENINSULA DR.  
DAYTONA BEACH, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

3511 S. PENINSULA DR.  
DAYTONA BEACH, FL 32127

## New Mailing Address:

FEI Number: 59-3679728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOLOMON, KAREN D  
3511 S. PENINSULA DR.  
DAYTONA BEACH, FL 32127 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

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: SOLOMON, KAREN D  
Address: 49 VILLAGE DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DP ( ) Delete  
Name: ROSKAMP, MARK  
Address: 131 OAK LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: SOLOMON, KAREN D  
Address: 49 VILLAGE DR.  
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: S ( ) Change (X) Addition  
Name: ROSKAMP, KELLY  
Address: 131 OAK LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Change (X) Addition  
Name: SOLOMON, STANLEY J  
Address: 49 VILLAGE DR.  
City-St-Zip: ORMOND BEACH, FL 32174

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: MARK ROSKAMP

PRES

10/17/2008

Electronic Signature of Signing Officer or Director

Date