

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109550

Entity Name: ATLANTIC LOGISTICS, INC.

FILED  
Jan 12, 2006  
Secretary of State

## Current Principal Place of Business:

12807 BAY PLANTATION DR  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

12443 SAN JOSE BLVD  
SUITE 402A  
JACKSONVILLE, FL 32223

## Current Mailing Address:

P.O. BOX 600859  
JACKSONVILLE, FL 32260

## New Mailing Address:

FEI Number: 59-3684851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOOPER, ROBERT W  
12807 BAY PLANTATION DR  
JACKSONVILLE, FL 32223      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: VP      ( ) Delete  
Name: HOOPER SR, ROBERT W  
Address: 12807 BAY PLANTATION DR  
City-St-Zip: JACKSONVILLE, FL 32223

Title: P      ( ) Delete  
Name: HOOPER, EVELYN E  
Address: 12807 BAY PLANTATION DR  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP      ( ) Delete  
Name: MAYLAND, SHELBY  
Address: 721 MUSKOGEE LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP      ( ) Delete  
Name: HOOPER JR, ROBERT W  
Address: 676 HAMPTON DOWNS CT  
City-St-Zip: JACKSONVILLE, FL 32223

## 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:

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: ROBERT HOOPER

VP

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date