

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90319 010 ***150.00

DOCUMENT # P01000033575

1. Entity Name
ATLANTIC INVESTMENT TRUST, INC.



Principal Place of Business
2580 ATLANTIC BLVD
SUITE 101
JACKSONVILLE, FL 32207

Mailing Address
2580 ATLANTIC BLVD
SUITE 101
JACKSONVILLE, FL 32207

2. Principal Place of Business

3. Mailing Address

1249 N. ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

Zip

Country

Zip
32804

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number
22-3797344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FREEMAN, BARBARA
1249 N ORANGE AVENUE
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name MICHELLE QUATRALE

Street Address (P.O. Box Number is Not Acceptable)

1249 N. ORANGE AVE.

City ORLANDO

FL

Zip Code 32804

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

Michelle Quatrala

4/26/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PARRETT, JOHN E
STREET ADDRESS 1249 NORTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE DPS ☐ Delete
NAME GERMAINE, JOHN
STREET ADDRESS 2580 ATLANTIC BLVD SUITE 101
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE V ☐ Delete
NAME THOMPSON, STEVE
STREET ADDRESS 1249 N ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. PARRETT

Date

Daytime Phone #

4/26/04 (407) 422-1249