

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90058 026 \*\*\*150.00

**DOCUMENT # P01000051175**

1. Entity Name

ATL COMMERCIAL, INC.



Principal Place of Business

9310 OLD KINGS RD S  
SUITE 1902  
JACKSONVILLE FL 32257

Mailing Address

9310 OLD KINGS RD S  
SUITE 1902  
JACKSONVILLE FL 32257



2. Principal Place of Business

8515 Baymeadows Way  
Suite 102

3. Mailing Address

8515 Baymeadows Way  
Suite 102

1st MOORE

CR2E034 (10/05)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

90-0146936

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

32224

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOOSBROCK, FRANK T  
9310 OLD KINGS RD SOUTH  
SUITE 1902  
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

City

FL

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

*Frank Loosbrock*

2/6/06

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME LOOSBROCK, FRANK  
STREET ADDRESS 9310 OLD KINGS RD SOUTH, STE 1902  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE STD ☒ Delete  
NAME LOOSBROCK, FRANK  
STREET ADDRESS 9310 OLD KINGS RD SOUTH, STE 1902  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD ☒ Change ☐ Addition  
NAME Loosbrock, Frank  
STREET ADDRESS 8515 Baymeadows Way, Suite 102  
CITY-ST-ZIP Jacksonville, FL 32224

TITLE STD ☒ Change ☐ Addition  
NAME Frank Loosbrock  
STREET ADDRESS 8515 Baymeadows Way, Suite 102  
CITY-ST-ZIP Jacksonville, FL 32224

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

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

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

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 exemptions contained in Section 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:

*Frank Loosbrock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 904-833-0109

Date

Daytime Phone #