


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90425 006 ***150.00

DOCUMENT # P01000100540

1. Entity Name
ATLANTIC PARTS, EQUIPMENT AND SERVICES, INC.



Principal Place of Business Mailing Address
190 ANTIGUA DRIVE **190 ANTIGUA DRIVE**
COCOA BEACH, FL 32931 **COCOA BEACH, FL 32931**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SNYDER, SUSAN
190 ANTIGUA DRIVE
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name: **L. George Leonard, CPA**
 Street Address (P.O. Box Number is Not Acceptable): **1485 N. ATLANTIC AVE**
 Suite: **102**
 City: **COCOA BEACH** FL Zip Code: **32931**

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: *Susan Joy Snyder* DATE: **4/26/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, SUSAN 190 ANTIGUA DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Joy Snyder* DATE: **4/26/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #