


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2004 08:00 AM
Secretary of State

UNYEOUOI y P01000118002 1. Entity Name ATLANTIC UNDERGROUND CONSTRUCTION CORP.	
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Principal Place of Business 11192 60TH STREET NORTH WEST PALM BEACH, FL 33411	Mailing Address 11192 60TH STREET NORTH WEST PALM BEACH, FL 33411
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DO NOT WRITE IN THIS SPACE



07202004	0=Y, 1=D	Y1 1 001 5 0501 +
4. FEI Number 26-0009926	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	1600 1 0 00 1/4

6. Name and Address of Current Registered Agent SANDERS, DANIEL A 11192 60TH STREET NORTH WEST PALM BEACH, FL 33411
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DO NOT WRITE
IN THIS SPACE

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 _____	DATE _____
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FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 (0.5% of 0.00000169404
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
NAME D SANDERS, DANIEL A 11192 60TH STREET NORTH WEST PALM BEACH, FL 33411	
NAME ADDRESS CITY-STATE-ZIP	
NAME ADDRESS CITY-STATE-ZIP	
NAME ADDRESS CITY-STATE-ZIP	
NAME ADDRESS CITY-STATE-ZIP	
NAME ADDRESS CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

000000169404
08/05/04-80001-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(C), 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 of this report or an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8-3-04 561-722-9550 Date
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