


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90014 024 ***158.75

DOCUMENT # P02000062584	
1. Entity Name ATLANTIC BLUE TRUST, INC.	

Principal Place of Business 122 E TILLMAN AVE LAKE WALES, FL 33853	Mailing Address 122 E TILLMAN AVE LAKE WALES, FL 33853
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01172006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1149984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALEXANDER, JD 122 E TILLMAN AVE LAKE WALES, FL 33853	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUNCE, YVONNE 122 E. TILLMAN AVE. LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'LEARY, KEVIN 122 E. TILLMAN AVE. LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE ALEXANDER, JD 122 E TILLMAN AVE LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATESON, BYRON G 122 E TILLMAN AVE LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATESON, BYRON G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINNAN, Nancy 215 S. Monroe Street Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGUET, Robert 333 Clay Street, Ste 3300 Houston, TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 reports 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:  **2/10/06** **863.679.9598**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60020103

2006 For Profit Corporation Annual Report Continuation of Officers and Directors

DOCUMENT # P02000062584

Title: D
Name: Laura Grace Alexander
Street Address: 122 East Tillman Avenue
City-ST-Zip: Lake Wales, FL 33853

Title: D
Name: John Doxsie
Street Address: 7401 Metro Blvd, Suite 350
City-ST-Zip: Edina, MN 55439

Title: D
Name: Cliff Hinkle
Street Address: 111 S. Monroe Street, Suite 20000B
City-ST-Zip: Tallahassee, FL 32301

Title: D
Name: Cynthia Matteson
Street Address: 122 East Tillman Avenue
City-ST-Zip: Lake Wales, FL 33853

Title: D
Name: Rebecca Milligan
Street Address: 122 East Tillman Avenue
City-ST-Zip: Lake Wales, FL 33853

Title: D
Name: Jim Seneff
Street Address: 450 South Orange Avenue
City-ST-Zip: Orlando, FL 32802