


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90074 036 \*\*\*150.00

**DOCUMENT # P02000062584**

1. Entity Name  
**ATLANTIC BLUE GROUP, INC.**



Principal Place of Business      Mailing Address

**122 E TILLMAN AVE**      **P.O. BOX 1318**  
**LAKE WALES, FL 33853**      **LAKE WALES, FL 33859-1318**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**

**ALEXANDER, JD**  
**122 E TILLMAN AVE**  
**LAKE WALES, FL 33853**

**40032508**



02052008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**57-1149984**      Not Applicable

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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                      | S <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BUNCE, YVONNE                        | NAME  |   |
| STREET ADDRESS             | 122 E. TILLMAN AVE.                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | LAKE WALES, FL 33853                 | CITY-ST-ZIP   |   |
| TITLE                      | AT <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | O'LEARY, KEVIN                       | NAME  |   |
| STREET ADDRESS             | 122 E. TILLMAN AVE                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | LAKE WALES, FL 33853                 | CITY-ST-ZIP   |   |
| TITLE                      | DPCE <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALEXANDER, JD                        | NAME  |   |
| STREET ADDRESS             | 122 E TILLMAN AVE                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | LAKE WALES, FL 33853                 | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MATTESON, BYRON G                    | NAME  |   |
| STREET ADDRESS             | 122 E TILLMAN AVE                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | LAKE WALES, FL 33853                 | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINNAN, NANCY                        | NAME  |   |
| STREET ADDRESS             | 215 SOUTH MONROE STREET              | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32301                | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VIGUET, ROBERT                       | NAME  |   |
| STREET ADDRESS             | 333 CLAY STREET SUITE 3300           | STREET ADDRESS  |   |
| CITY-ST-ZIP                | HOUSTON, TX 77002                    | CITY-ST-ZIP   |   |

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:** \_\_\_\_\_      **2-8-08**      **863 679 9595**

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

ATTACHMENT  
40032508

2008 For Profit Corporation Annual Report  
Continuation of Officers and Directors

DOCUMENT # P02000062584

Title: EVP  
Name: Lisa Rath Jensen  
Street Address: 122 East Tillman Avenue  
City-ST-Zip: Lake Wales, FL 33853

Title: T  
Name: Ben R. Adams, Jr. *change*  
Street Address: 122 East Tillman Avenue  
City-ST-Zip: Lake Wales, FL 33853

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