

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 025 ***550.00

DOCUMENT # P02000085829

1. Entity Name
ATLANTIC FREIGHT MCO, INC.



Principal Place of Business
**7270 WESTPOINTE BLVD
#927
ORLANDO, FL 32835**

Mailing Address
**1 SLATER DRIVE
ELIZABETH, NJ 07206**

54063126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

01-0741231

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYARA, JEFF
7270 WESTPOINTE BLVD #927
ORLANDO, FL 32835**

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

Jeff Myara

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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 ☐ Delete
NAME **D**
STREET ADDRESS **HUMES, ROB**
CITY-ST-ZIP **1 SLATER DRIVE
ELIZABETH, NJ 07206**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BARTLEY, TOM**
CITY-ST-ZIP **1 SLATEN DR
ELIZABETH, NJ 07206**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1 SLATER DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **BARBARUDLE, PERRY**
CITY-ST-ZIP **1 SLATER DR
ELIZABETH, NJ 07206**

TITLE ☒ Change ☐ Addition
NAME **BARBARUDLE, PERRY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MYARA, JEFF**
CITY-ST-ZIP **7270 WEST POINT BLVD #927
ORLANDO, FL 32835**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **PATTERSON, JEFF**
CITY-ST-ZIP **1 SLATER DR
ELIZABETH, NJ 07206**

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

TITLE ☐ Delete
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

Date

Daytime Phone #

908-882-7305