2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000088888

1. Entity Name

2241 S. ATLANTIC MANAGEMENT, INC.



FILED Mar 04, 2008 08:00 A Secretary of State

Principal Place of Business

2237 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118

Mailing Address

C/O RONALD W. SMITH CPA 1326 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114



02262008

No Chg-P

CR2E034 (11/05)

386=2524920

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DANDO, AUDREY E 2237 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

					<i>d</i> ,
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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	Ĭ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DANDO, AUDREY E 2237 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY - ST-ZIP			:		U00000847127 03/19/08-80007-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-SI-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.					

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR