

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90148 005 ***150.00

DOCUMENT # P03000032382
 1. Entity Name
ATLANTIC OIL COLLECTION SERVICES, INC.



Principal Place of Business
6600 NW 12 AVE STE 205
FT LAUDERDALE, FL 33309-1147

Mailing Address
6600 NW 12 AVE STE 205
FT LAUDERDALE, FL 33309-1147

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

6. Name and Address of Current Registered Agent
CORPCO INC
2699 S BAYSHORE DR 7TH FL
MIAMI, FL 33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DV LEVITSKY, MICHAEL R 6600 NW 12 AVE, SUITE 205 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See Attachment</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FEAGLE, JOHN A 359 CYPRESS ROAD OCALA, FL 34472 <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	DC BETTS, NICHOLAS 11 BROWN AVENUE DARTHMOUTH, NOVA SCOTIA, B3B -1X8 <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	DST LEVERMAN, PHIL 11 BROWN AVENUE DARTHMOUTH, NOVA SCOTIA, B3B -1X8 <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	P RYAN, MICHAEL 11 BROWN AVENUE DARTHMOUTH, NOVA SCOTIA, B3B -1X8 <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	V HUBER, DALE J 6600 NW 12 AVENUE, SUITE 205 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE: *Michael G. Ryan* **Michael G. Ryan** *April 22nd/05* *(954) 689-3730*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



04222005 Chg-P CR2E034 (10/03)

ATTACHMENT

40066946
#P03000032382

2005 For Profit Corporation Annual Report

Officers and Directors

		<u>Change</u>	<u>Addition</u>
Title	DV		
Name	Levitsky, Michael R.		
St Address	6600 NW 12th Ave. Ste 205		
City-St-Zip	Fort Lauderdale, FL 33309		
		<u>Change</u>	<u>Addition</u>
Title	DV		
Name	Feagle, John R.		
St Address	6600 NW 12th Ave. Ste 205	X	
City-St-Zip	Fort Lauderdale, FL 33309	X	
		<u>Change</u>	<u>Addition</u>
Title	DC		
Name	Betts, Nicholas		
St Address	11 Brown Avenue		
City-St-Zip	Dartmouth, Nova Scotia B3B1X8		
		<u>Change</u>	<u>Addition</u>
Title	DST		
Name	Leverman, Phil		
St Address	11 Brown Avenue		
City-St-Zip	Dartmouth, Nova Scotia B3B1X8		
		<u>Change</u>	<u>Addition</u>
Title	D	X	
Name	Ryan, Michael		
St Address	11 Brown Avenue		
City-St-Zip	Dartmouth, Nova Scotia B3B1X8		
		<u>Change</u>	<u>Addition</u>
Title	V		X
Name	Tringali, Michael A		X
St Address	6600 NW 12th Ave. Ste 205		X
City-St-Zip	Fort Lauderdale, FL 33309		X
		<u>Change</u>	<u>Addition</u>
Title	DP		X
Name	Thomas, Alexander F		X
St Address	6600 NW 12th Ave. Ste 205		X
City-St-Zip	Fort Lauderdale, FL 33309		X