


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			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1581784	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	See Attachment <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 line empowered.					
SIGNATURE: <i>Michael G. Ryan</i> Michael G. Ryan <i>April 22nd/05</i> April 22nd/05 <i>(954) 689-3730</i>					

ATTACHMENT

40066946
#P03000032382

2005 For Profit Corporation Annual Report

Officers and Directors

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