2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000033458

1. Entity Name
SOUTH ATLANTIC HOLDINGS, INC.

Principal Place of Business	Mailing Address
2234 N FEDERAL HWY #492 BOCA RATON, FL 33431	2234 N FEDERAL HWY #492 BOCA RATON, FL 33431

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2406915
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, GREGORY M
2200 N. FEDERAL HIGHWAY #230
BOCA RATON, FL 33431

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SULLIVAN, GREGORY M
STREET ADDRESS	2499 COCOANUT ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VD
NAME	MUTTILLO, DOMINIC A
STREET ADDRESS	7998 FAIRWAY TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	SD
NAME	MUTTILLO, DOMINIC A
STREET ADDRESS	7998 FAIRWAY TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TD
NAME	SULLIVAN, GREGORY M
STREET ADDRESS	2499 COCOANUT ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80039-002 150.00

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