

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90020 001 ***150.00

DOCUMENT # P03000033458

1. Entity Name
SOUTH ATLANTIC HOLDINGS, INC.



Principal Place of Business

~~2234 N FEDERAL HWY #492~~
BOCA RATON, FL 33431

2200 N Federal Hwy #203

Mailing Address

~~2234 N FEDERAL HWY #492~~
BOCA RATON, FL 33431

2200 N Federal Hwy #203

40063950



03262008 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 #200-203
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

(If 2011, Registered Agent signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

**DO NOT WRITE
IN THIS SPACE**

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 fees shown.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Original Phone #