

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000035883</b>	
1. Entity Name <b>A ATLANTIC, INC.</b>	



FILED

04 SEP 20 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>8059 QUEEN PALM LANE #712 FORT MYERS, FL 33912 US</b>	Mailing Address <b>8059 QUEEN PALM LANE #712 FORT MYERS, FL 33912 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>11334 Wine Palm Rd</b> Suite, Apt. #, etc.
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City & State <b>Fort Myers FL</b>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33912-5735</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CONSOER, GEORGE L JR 1625 HENDRY STREET SUITE 301 FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>Henry McCarty</b> STREET ADDRESS <b>11334 Wine Palm Rd</b> CITY-ST-ZIP <b>FT MYERS, FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: \_\_\_\_\_ Date: **8/21/01** Daytime Phone # \_\_\_\_\_