2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000012937

1. Entity Name

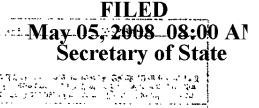
ATLANTIC NONLAWYER SERVICES, INC.



Principal Place of Business

1592 NORTH HWY A1A SATELLITE BEACH, FL 32937 Mailing Address

1592 NORTH HWY A1A SATELLITE BEACH, FL 32937





05012008

No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0595062

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENISON, NADEAN C 1592 NORTH HWY A1A SATELLITE BEACH, FL 32937

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	Parallel Carlos Art			11110 017102			
the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or i	egistered agent, or bo	oth, in the State of Florida. I am familia	r with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little in	f applicable (NOTE, Registere	d Agent signatur	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing _	\$5.00 May Be Added to Fees	U00000948388 06/02/08-80052-01	70464 12 150.00	
10.	OFFICERS AND DIREC	TORS ·			•		
TITLE NAME STREET ADDRESS	PVST DENISON, NADEAN C 1592 N. HWY A1A	•				[G	
CITY-ST-ZIP	SATELLITE BEACH, FL. 32937			,	1 1 1 1 2 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LAND ROLL GOLDS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, NADEAN C 1592 N. HWY A1A SATELLITE BEACH, FL 32937						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS				IN	THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				2,	.c., p5		
TITLE NAME						•	

12. Thereby 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

6:33

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2020

Daytime Phone #