

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90225 032 ***150.00

DOCUMENT # P04000072060 1. Entity Name ATLANTIC MOBILE MARINE INC			
Principal Place of Business 260 SE 8 STREET POMPAO BEACH, FL 33060		Mailing Address 260 SE 8 STREET POMPAO BEACH, FL 33060	
2. Principal Place of Business 3814 Johnson Street		3. Mailing Address PO Box 814973	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021		Zip 33081	
Country USA		Country USA	
4. FEI Number 		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MODAS, DANIEL A 1215 SE 2ND AVE #202 FT LAUDERDALE, FL, 33335		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	DP SCHUSTER, DAVID <input checked="" type="checkbox"/> Delete 260 SE 8 STREET POMPAO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBERGER, TIMOTHY J <input type="checkbox"/> Delete 707 N BROADWALK HOLLYWOOD, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENBERGER, TIMOTHY J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3814 JOHNSON STREET, HWD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input 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 like empowered.			
SIGNATURE: <i>Timothy J. Rosenberger</i> <small>PRINTED NAME OF OFFICER, DIRECTOR, OR REGISTERED AGENT</small>		Date: <i>05/11/05</i> Daytime Phone #: <i>754-244-5153</i>	