

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90063 025 \*\*\*158.75

**DOCUMENT # P04000162640**

1. Entity Name

ATLANTIC INDUSTRIES HOMES, INC.



Principal Place of Business

1726 CITADEL STREET  
LAKE PLACID FL 33852  
US

Mailing Address

1726 CITADEL STREET  
LAKE PLACID FL 33852  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-1958176

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

BURY, DALE M  
1726 CITADEL STREET  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name JAMES F. MCCOLLUM, PL

Street Address (P.O. Box Number is Not Acceptable)  
129 S. COMMERCE AVE.

City SEBRING, FL Zip Code 33870

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 title, if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE P,T ☐ Delete  
NAME BURY, DALE M  
STREET ADDRESS 1726 CITADEL STREET  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VP,S ☐ Delete  
NAME BURY, SUSAN M  
STREET ADDRESS 1726 CITADEL STREET  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susan M. Bury SUSAN M. BURY, Vice President 02-06-08 465-1495 (863)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone