## 2007 FOR PROFIT CORPORATION ANNUAL-REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P04000165659 03-26-2007 90070 001 \*\*\*158.75 ATLAS HOVERCRAFT, INC. Principal Place of Business Mailing Address 40041600 991 BUNKER AVE 991 BUNKER AVE GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-2329536 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSON, KURT H Street Address (P.O. Box Number is Not Acceptable) 2006 PINEGATE DR > ORANGE PARK, FL 32003 City Zip Code FL 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 late if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition PETERSON, KWET H. PATERSON, KURT H NAME NAME ORANGE ADEK, FL 3200: STREET ADDRESS 2006 PINEGATE DR STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32003 CHY-ST-ZIP ORANGE ADOK, FI. UP, SEC, TRES. TITLE ☐ Delete TITLE Change Addition Defaptio, Anthony J. NAME NAME STREET ADDRESS STREET ADDRESS SKOKJE II 600 7K CITY-ST-ZIP CITY-ST-ZIP Delete Ever Oresector TITLE TITL F 👗 Addition Diffiglio, Anthony E. NAME NAME STREET ADDRESS STREET ADDRESS CHEKTOAN CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 like empowered.

FILED

Mar 26, 2007 8:00 am