


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90063 023 ***150.00

DOCUMENT # P05000068209	
1. Entity Name ATLANTIC CORPORATION	

Principal Place of Business 33247 WESTWOOD DR. RIDGE MANOR, FL 33523	Mailing Address 33247 WESTWOOD DR. RIDGE MANOR, FL 33523
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2. Principal Place of Business - No P.O. Box # 19233 Cortez Blvd	3. Mailing Address 19233 Cortez Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Brooksville FL	City & State Brooksville FL
Zip 34601	Country Hernando

40013030



04192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2828986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
CRAWFORD, WILLIAM D JR 33247 WESTWOOD DR RIDGE MANOR, FL 33523	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 William D Crawford Jr	DATE 4/19/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME CRAWFORD, WILLIAM D JR	
STREET ADDRESS 33247 WESTWOOD DR	
CITY-ST-ZIP RIDGE MANOR, FL 33523	
TITLE VP	<input type="checkbox"/> Delete
NAME CRAWFORD, JENNIFER G	
STREET ADDRESS 33247 WESTWOOD DR	
CITY-ST-ZIP RIDGE MANOR, FL 33523	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: X [Signature]	DATE: 4/19/07	DAYTIME PHONE: 352-797-7793
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