

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 002 ***150.00

DOCUMENT # P06000099678 1. Entity Name FIRSTATLANTIC FINANCIAL HOLDINGS, INC.					
Principal Place of Business 4500 SALISBURY ROAD SUITE 490 JACKSONVILLE, FL 32216			Mailing Address P.O. BOX 550700 JACKSONVILLE, FL 32255 00		
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 20-5417166	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301				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 title if applicable (NOTE: Registered Agent signature required when re-appointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	COO JOHNSON, JEFFERY W <input type="checkbox"/> Delete 297 ST. JOHN'S GOLF DRIVE ST. AUGUSTINE, FL 32092		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mitchell W. Hunt, Jr. 13846 Atlantic Blvd. #212 Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input type="checkbox"/> Delete WHITE, THOMAS M 784 CRESTWOOD DRIVE ST. AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas M. White 784 Crestwood Drive St. Augustine, FL 32086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete WATSON, JOHN B 1699 BISHOP ESTATES ROAD JACKSONVILLE, FL 32259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John B. Watson 1699 Bishop Estates Road Jacksonville, FL 32259	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete AYERS, TIMOTHY S 2743 LONG BOAT DRIVE FERNANDINA BEACH, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE <input type="checkbox"/> Delete JOHNSON, STEPHEN 3650 MANSELL ROAD SUITE 495 ALPHARETTA, GA 30022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rodney Bennett 855 South Chesnut St. Homeland, GA 31537	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE <input type="checkbox"/> Delete SAPP, NORMAN 4425 US 1 SOUTH UNIT 103 ST. AUGUSTINE, FL 32036		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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					