


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 039 ***150.00

DOCUMENT # P06000146931	
1. Entity Name ATLANTIC BUSINESS SOLUTIONS, INC.	

Principal Place of Business 8019 VIA HACIENDA PALM BEACH GARDENS, FL 33418	Mailing Address 8019 VIA HACIENDA PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-8007737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REID, BEVERLEY L
8019 VIA HACIENDA
PALM BEACH GARDENS, FL 33418

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, BEVERLEY L 8019 VIA HACIENDA PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, GLADSTONE G 8019 VIA HACIENDA PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an other line, empowered.

SIGNATURE: Beverley Reid **BEVERLEY REID** 3-20-08 561-827-1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #