


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000014933 1. Entity Name ATLANTIC BONDING COMPANY, INC.																																								
Principal Place of Business P O BOX 11901 FT LAUDERDALE, FL 33339-1901 US	Mailing Address P O BOX 11901 FT LAUDERDALE, FL 33339-1901 US																																							
<h2>DO NOT WRITE IN THIS SPACE</h2>																																								
6. Name and Address of Current Registered Agent ZINMAN, MARC C 2763 E ATLANTIC BLVD. POMPANO BEACH, FL 33062																																								
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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 _____ (NOTE: Registered Agent signature required when reinstalling) <small>Signature, typed or printed name of registered agent and title if applicable</small>																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DD0000441762 03/03/06-80049-009 150.00																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">TITLE</td><td>PD</td></tr> <tr><td>NAME</td><td>ZINMAN, MARC C</td></tr> <tr><td>STREET ADDRESS</td><td>2763 E ATLANTIC BLVD.</td></tr> <tr><td>CITY-STATE-ZIP</td><td>POMPANO BEACH, FL 33062</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>TITLE</td><td> </td></tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-STATE-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td>TITLE</td><td> </td></tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-STATE-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td>TITLE</td><td> </td></tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-STATE-ZIP</td><td> </td></tr> </table>	TITLE	PD	NAME	ZINMAN, MARC C	STREET ADDRESS	2763 E ATLANTIC BLVD.	CITY-STATE-ZIP	POMPANO BEACH, FL 33062			TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP				TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP				TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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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 all other like empowered.																																								
SIGNATURE: <i>Marc C Zinman</i> MARC C ZINMAN President 2-16-06 954-9416100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																								



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0389282** ☐ Applied For ☐ Not Applicable

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