

**-2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000035381**

1. Entity Name

ATLANTIC MOLDING, INC.



Principal Place of Business

2750 NE 4TH AVE  
POMPANO BEACH, FL 33064

Mailing Address

2750 NE 4TH AVE  
POMPANO BEACH, FL 33064



02202006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0412540

Applied For

(Not Applicable)

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUNN, ROBERT E  
2750 NE 4TH AVE  
POMPANO BEACH, FL 33064

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME JONES, GLEN K  
STREET ADDRESS 5012 NW 120 AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE VPS  
NAME GUNN, ROBERT E.  
STREET ADDRESS 2317 NE 28 CT  
CITY-ST-ZIP LIGHT HOUSE PT, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

UN0000446740  
03/08/06 00025-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert E. Gunn* ROBERT E. GUNN V.P.

2/21/06

954-942-9261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #