2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 08:00 AM Secretary of State

DOCUMENT # P95000074407 1. Enlity Name ATLANTIC HOMES, INC.			Si	ecretary or State
Principal Place of Business 14499 N DALE MABRY 185-S TAMPA, FL 33618 US	Mailing Address 14499 N DALE MABRY 185-S TAMPA, FL 33618 US			
DO NOT WRITE 6. Name and Address of Current Re		S E	02022005 No Chg-P 4. FEI Number 59-3341258 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
TULLY, THOMAS 14499 N DALE MABRY SUITE 185-S TAMPA, FL 33618	<u>:</u>		DO NOT W IN THIS SE	
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Signature.		ed office or register	7. · · · · · · · · · · · · · · · · · · ·	orida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees	
TITLE DPST NAME TULLY, THOMAS		·		
STREET ADDRESS CITY-ST-ZP TAMPA, FL 33618 TITLE NAME STREET ADDRESS CITY-ST-ZP				0218068 -80049-021 150.00
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: NGNATURE AND TYPED OFF PRIN	TEO NAME OF SIGNING OFFICER OR DIRECT	TOR TOR	eb. 4,2005	813-960-9056 Daysma Phone #