

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000075528**  
 1. Entity Name  
**ATLANTIC OFFICE SERVICES, INC.**



Principal Place of Business: **5849 OKEECHOBEE BLVD SUITE 201 WEST PALM BEACH FL 33417-4352 US**  
 Mailing Address: **5849 OKEECHOBEE BLVD SUITE 201 WEST PALM BEACH FL 33417-4352 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0749678** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**STABLER, JEROLD E.  
 5849 OKEECHOBEE BLVD #201  
 WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete
NAME: STABLER, JEROLD E	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS: 5849 OKEECHOBEE BLVD #201		
CITY-ST-ZIP: WEST PALM BEACH FL 33417		
TITLE	PD	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Add
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Add
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Add
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Add
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

100000552259  
 05/15/06-80004-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JEROLD E. STABLER Date: 4/24/06 Daytime Phone #: 561-471-1882