


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-04-2008 90031 019 ***150.00

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|--|---|--|---|---|---|
| DOCUMENT # P96000004357 1. Entity Name ATLANTIC ELECTRIC AND ALARM, INC. | | | |  | |
| Principal Place of Business 17072 91 PLACE NO. LOXAHATCHEE, FL 33470 | | | Mailing Address 17072 91 PLACE NO. LOXAHATCHEE, FL 33470 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0643971 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BRUCKNER, MITCHELL W CPA 4992 N PINE ISLAND RD FORT LAUDERDALE, FL 33351 | | | 7. Name and Address of New Registered Agent Name Mitchell W. Bruckner, CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DR. Ste A-106 City Lauderhill FL Zip Code 33351 | | |
| 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 Mitchell W. Bruckner CPA, PA by [Signature] DATE 1/28/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD O'REAR, BRUCE 17072 91 PLACE NO LOXAHATCHEE, FL 33470 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD O'REAR, JANIS 17072 91 PLACE NO LOXAHATCHEE, FL 33470 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Bruce O'Rear DATE 1-31-08 DAYTIME PHONE # 954-26574 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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