

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90040 022 ***150.00

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1. Entity Name

ACROSS ATLANTIC INC.



Principal Place of Business

1199 EAST FOWLER DRIVE
DELTONA-FL 32725

Mailing Address

P.O. BOX 5311
DELTONA FL 32725
US



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 **59-3368986**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

COETZEE, EBEN
1199 EAST FOWLER DRIVE
DELTONA FL 32725

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2007 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

NAME: **V** COETLEE, LINDA ☐ Delete
STREET ADDRESS: 1199 EAST FOWLER DR.
CITY ST ZIP: DELTONA FL 32725

NAME: **P** DE JAGER, RYAN ☒ Delete
STREET ADDRESS: 19 LAUREL OAKS APT 202
CITY ST ZIP: WINTER SPRINGS FL 32708

NAME: **D** WALKER, MATTHEW R ☒ Delete
STREET ADDRESS: 1548 BALTIMORE AVE
CITY ST ZIP: DELTONA FL 32725

NAME: ☐ Delete
STREET ADDRESS:
CITY ST ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY ST ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY ST ZIP:

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY ST ZIP:

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY ST ZIP:

NAME: **(P)** COETZEE, EBEN **(P.)** ☐ Change ☒ Addition
STREET ADDRESS: 1199 E FOWLER DR
CITY ST ZIP: DELTONA FL 32725

NAME: **(D)** COETZEE, JACO ☐ Change ☒ Addition
STREET ADDRESS: 1199 E FOWLER DR
CITY ST ZIP: DELTONA FL 32725

NAME: **(D)** COETZEE, BELINDA ☐ Change ☒ Addition
STREET ADDRESS: 1199 E FOWLER DR
CITY ST ZIP: DELTONA FL 32725

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/07

386-880-5319

Date

Daytime Phone #