


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90009 001 ***150.00

DOCUMENT # P96000076512	
1. Entity Name ATLANTIC INSURANCE SERVICES INC.	

Principal Place of Business 4064 1 FORESTHILL BV WEST PALM BEACH, FL 33406 US	Mailing Address 4064 1 FORESTHILL BV WEST PALM BEACH, FL 33406 US
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54061126



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

07072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent VENTURELLI, PAUL A 246 ARLINGTON ROAD WEST PALM BEACH, FL 33405-5012	
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4. FEI Number 65-0685396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VENTURELLI, PAUL A. 246 ARLINGTON RD WEST PALM BEACH, FL 334055012 <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	V GEE, JOHN C. 3791 BEVERLY DRIVE LAKE WORTH, FL <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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 7-7-04	Daytime Phone # (561) 641-9406
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Attachment

574061126

P96000076512

CITY INSURANCE SERVICES
4064-1 FORESTHILL BLVD. SUITE 1
WEST PALM BEACH, FL 33406

(561) 641-9406

JULY 7, 2004

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

I MAILED PAYMENT TO YOUR OFFICE ON APRIL 8, 2004. YOUR OFFICE DOES NOT SHOW RECEIPT OF MY CHECK. THE CHECK # WAS 2555. I CALLED MY BANK AND FOUND THAT THE CHECK HAS NOT CLEARED MY ACCOUNT. I AM MAILING A REPLACEMENT CHECK TO YOUR OFFICE TODAY. IF YOU RECEIVE MY PREVIOUS CHECK, PLEASE MAIL BACK TO MY OFFICE. IF YOU HAVE ANY FURTHER QUESTIONS, FEEL FREE TO CONTACT ME.

SINCERELY,

PAUL VENTURELLI
ATLANTIC INSURANCE SERVICES, INC.