

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102390

Entity Name: ATLANTIC SPECIAL SERVICES, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

C/O MERIDIANE MANAGEMENT
818 A1A NORTH SUITE 300
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330316
ATLANTIC BEACH, FL 322330316

New Mailing Address:

FEI Number: 59-3416318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, SUZANNE W ESQ.
105 B SOLANO RD
PONTE VEDRA BCH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRITTI, KIMBERLY D
Address: 415 SHERRRY DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: PERRITTI, CHARLES J
Address: 415 SHERRRY DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY D. PERRITTI

D

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date