


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90295 049 ***150.00

DOCUMENT # P97000017770 1. Entity Name ATLANTIC CITY, INC.																													
Principal Place of Business 2001 BRINSON ROAD #301 LUTZ, FL 33558 US			Mailing Address 2001 BRINSON ROAD #301 LUTZ, FL 33558 US																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 59-3431108																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent SUKOWSKY, MICHAEL 48014 N. DALE MABRY SUITE 102 TAMPA, FL 33618				7. Name and Address of New Registered Agent Name SUKOWSKY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2001 BRINSON RD #301 City LUTZ FL 33558																									
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 <u><i>M. Sukowsky</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SUKOWSKY, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>48014 N. DALE MABRY, #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33618</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	SUKOWSKY, MICHAEL		STREET ADDRESS	48014 N. DALE MABRY, #102		CITY-ST-ZIP	TAMPA, FL 33618		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SUKOWSKY, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2001 BRINSON RD, #301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33558</td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	SUKOWSKY, MICHAEL		STREET ADDRESS	2001 BRINSON RD, #301		CITY-ST-ZIP	LUTZ, FL 33558	
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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.																													
SIGNATURE: <u><i>M. Sukowsky</i></u> 04/20/05 (714) 321 3069 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													