


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90182 042 \*\*\*150.00

<b>DOCUMENT # P97000075541</b>	
1. Entity Name <b>ATLANTIC CONTROLS CORPORATION</b>	

Principal Place of Business <b>904 ANASTASIA BLVD SAINT AUGUSTINE, FL 32080 US</b>	Mailing Address <b>904 ANASTASIA BLVD SAINT AUGUSTINE, FL 32080 US</b>
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**24072203**



2. Principal Place of Business <b>155 St. John's Business Place</b>	3. Mailing Address <b>155 St. John's Business Place</b>
Suite, Apt. #, etc. <b>Suite 206</b>	Suite, Apt. #, etc. <b>Suite 206</b>
City & State <b>Saint Augustine, FL</b>	City & State <b>Saint Augustine, FL</b>
Zip <b>32095</b>	Country <b>US</b>

04192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BROWN, ANTHONY W 904 ANASTASIA BLVD ST AUGUSTINE, FL 32080</b>	
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7. Name and Address of New Registered Agent	
Name <b>Brown, Anthony W.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>155 St. John's Business Place, Suite 206</b>	
City <b>Saint Augustine, FL</b>	Zip Code <b>32095</b>

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.

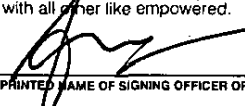
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BROWN, ANTHONY W 904 ANASTASIA BLVD SAINT AUGUSTINE, FL 32084</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Brown, Anthony W. 155 St. John's Business Place, Suite 206 Saint Augustine, FL 32095</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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.

**SIGNATURE:**  **4/30/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #