

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90060 005 ***150.00

DOCUMENT # P97000075541

1. Entity Name
ATLANTIC CONTROLS CORPORATION



Principal Place of Business
155 ST JOHN'S BUSINESS PLACE STE 206
SAINT AUGUSTINE, FL 32095 US

Mailing Address
155 ST JOHN'S BUSINESS PLACE STE 206
SAINT AUGUSTINE, FL 32095 US

50059546



2. Principal Place of Business
107A 11TH ST
Suite, Apt. #, etc.

3. Mailing Address
107A 11TH ST
Suite, Apt. #, etc.

08012005 Chg-P CR2E034 (10/03)

City & State
St. Augustine Bch FL

City & State
St. Augustine Bch

4. FEI Number
59-3465970

Applied For
Not Applicable

Zip
32080

Country
St. Johns

Zip
32080

Country
St. Johns

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANTHONY W
155 ST JOHN'S BUSINESS PLACE STE 206
SAINT AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
107A 11TH ST.

City
St. Augustine

FL

Zip Code
32080

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PSTD
BROWN, ANTHONY W
155 ST JOHN'S BUSINESS PLACE STE 206
SAINT AUGUSTINE, FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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NAME
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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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #