


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90011 015 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P97000104066</b>                       |  |
| 1. Entity Name<br>ATLANTIC PREFERRED HOLDING COMPANY |   |

|  |   |
|--|---|
| Principal Place of Business<br>605 CRESCENT EXECUTIVE COURT<br>SUITE 416<br>LAKE MARY, FL 32746 US | Mailing Address<br>PO BOX 530021<br>ORLANDO, FL 32853-0021 US |
|--|---|

**54037437**

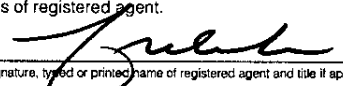


|                                |         |  |                            |
|--------------------------------|---------|--|----------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>P.O. Box 954163</b> |                            |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                          |                            |
| City & State                   |         | City & State<br><b>Lake Mary, FL</b>         |                            |
| Zip                            | Country | Zip<br><b>32795-4163</b>                     | Country<br><b>Seminole</b> |

04132004 Chg-P CR2E034 (10/03)

|  |  |   |
|--|--|---|
| 4. FEI Number<br>59-3498539  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br>GRELECKI, RICHARD T<br>605 CRESCENT EXECUTIVE COURT<br>SUITE 416<br>LAKE MARY, FL 32746 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |

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<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GRELECKI, RICHARD T<br>605 CRESCENT EXECUTIVE CT., STE 416<br>LAKE MARY, FL 32746 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>JAMES, THOMAS<br>605 CRESCENT EXECUTIVE COURT, SUITE 416<br>LAKE MARY, FL 32746 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #