
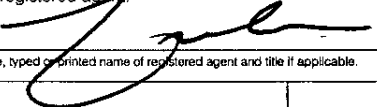



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2004 90028 036 \*\*\*150.00

<b>DOCUMENT # P98000026449</b>					
<b>1. Entity Name</b> ATLANTIC PREFERRED MANAGEMENT COMPANY					
<b>Principal Place of Business</b> 605 CRESCENT EXECUTIVE COURT SUITE 416 LAKE MARY, FL 32746			<b>Mailing Address</b> PO BOX 530021 ORLANDO, FL 32853		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 991163			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lake Mary		<b>4. FEI Number</b> 59-3498546	
Zip		Zip 32745-4163		Country Seminole	
<b>6. Name and Address of Current Registered Agent</b> GREKECKI, RICHARD T 605 CRESCENT EXECUTIVE COURT SUITE 416 LAKE MARY, FL 32746				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				State FL	
Zip Code				City	
<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.</b>					
SIGNATURE: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> DST	<b>NAME</b> JAMES, THOMAS		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 605 CRESCENT EXECUTIVE COURT STE 416	<b>CITY-ST-ZIP</b> LAKE MARY, FL 32746		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> DP	<b>NAME</b> GRELECKI, RICHARD T		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 605 CRESCENT EXECUTIVE COURT SET 416	<b>CITY-ST-ZIP</b> LAKE MARY, FL 32746		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

94057965



04132004 Chg-P CR2E034 (10/03)

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

**Applied For**  
Not Applicable

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

**TITLE**  
DST  
**NAME**  
JAMES, THOMAS  
**STREET ADDRESS**  
605 CRESCENT EXECUTIVE COURT STE 416  
**CITY-ST-ZIP**  
LAKE MARY, FL 32746

☐ Delete

**TITLE**  
DP  
**NAME**  
GRELECKI, RICHARD T  
**STREET ADDRESS**  
605 CRESCENT EXECUTIVE COURT SET 416  
**CITY-ST-ZIP**  
LAKE MARY, FL 32746

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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☐ Change ☐ Addition

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #