


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90158 046 \*\*\*150.00

<b>DOCUMENT # P98000059957</b>			
1. Entity Name <b>ATLANTIC FUEL SERVICES, INC.</b>			
Principal Place of Business <b>1400 NW 13TH AVENUE POMPANO BEACH, FL 33069</b>		Mailing Address <b>6600 NW 13TH AVE STE 205 FORT LAUDERDALE, FL 33309</b>	
2. Principal Place of Business <b>6600 NW 13th Ave.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 205</b>		Suite, Apt. #, etc.	
City & State <b>Fort Lauderdale, FL</b>		City & State	
Zip <b>33309</b>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SCHOTTENFELD, DAVID J ESQ DAVID J. SCHOTTENFELD, P.A. 7520 NW 5 STREET - SUITE 203 PLANTATION, FL 33317</b>		7. Name and Address of New Registered Agent Name <b>Corpro, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2699 S. Bayshore Dr., 4th Floor</b> City <b>Miami</b> FL Zip Code <b>33133</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 <b>Bj: [Signature] V. P.</b> DATE <b>4/26/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FEAGLE, JOHN 359 CYPRESS RD OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See Attachment</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BETTS, NICHOLAS 11 BROWN AVE DARMOUTH, NOVA SCOTIA, b3bix8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEVERMAN, PHIL 11 BROWN AVE DARMOUTH, NPVA SCOTIA, b3bix8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAVITSKY, MICHAEL R 6600 NW 12TH AVE STE 205 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TRINGALI, MICHAEL A 6600 NW 12 AVE., STE 205 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUBER, DALE J 6600 NW 12 AVE., STE 205 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	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: <b>[Signature] Michael A. Tringali</b>		DATE <b>4/28/05</b> DAYTIME PHONE # <b>(954) 659-3730</b>	

14002955



04222005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0861649** Applied For ☐ Not Applicable ☐

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

# ATTACHMENT

14002955

#P98000059957

## 2005 For Profit Corporation Annual Report

### Officers and Directors

Title	DV	<u>Change</u>	<u>Addition</u>
Name	Levitsky, Michael R.	X	
St Address	6600 NW 12th Ave. Ste 205		
City-St-Zip	Fort Lauderdale, FL 33309		
Title	DV	<u>Change</u>	<u>Addition</u>
Name	Feagle, John R.		
St Address	6600 NW 12th Ave. Ste 205	X	
City-St-Zip	Fort Lauderdale, FL 33309	X	
Title	DC	<u>Change</u>	<u>Addition</u>
Name	Betts, Nicholas		
St Address	11 Brown Avenue		
City-St-Zip	Dartmouth, Nova Scotia B3B1X8		
Title	DST	<u>Change</u>	<u>Addition</u>
Name	Leverman, Phil		
St Address	11 Brown Avenue		
City-St-Zip	Dartmouth, Nova Scotia B3B1X8		
Title	D	<u>Change</u>	<u>Addition</u>
Name	Ryan, Michael		X
St Address	11 Brown Avenue		X
City-St-Zip	Dartmouth, Nova Scotia B3B1X8		X
Title	V	<u>Change</u>	<u>Addition</u>
Name	Tringali, Michael A	X	
St Address	6600 NW 12th Ave. Ste 205		
City-St-Zip	Fort Lauderdale, FL 33309		
Title	DP	<u>Change</u>	<u>Addition</u>
Name	Thomas, Alexander F		X
St Address	6600 NW 12th Ave. Ste 205		X
City-St-Zip	Fort Lauderdale, FL 33309		X