


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P98000072871 1. Entity Name ATLANTICA CONDOMINIUM RENTAL CORPORATION |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 4601 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127 | Mailing Address 4601 SOUTH ATLANTIC AVENUE PONCE INLET, FL 32127 |
|--|--|

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3534692 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent EVANS, DAVID 4536 S. CLYDE MORRIS #1 DAYTONA BEACH, FL 32119 |
|---|

DO NOT WRITE IN THIS SPACE

| |
|---|
| 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: <u><i>David Evans</i></u> DATE: <u>2/7/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KINDLEBERGER, L. 4601 S. ATLANTIC AVE, #608 PONCE INLET, FL 32127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, DAVID 4536 SOUTH CLYDE MORRIS, #1 DAYTONA BEACH, FL 321194017 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERREL, J. 109 ASHFORD DR WINTER SPRINGS, FL 32708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000633846
 02/21/07-80079-004 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>David Evans</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date | Daytime Phone # |
|---|------|-----------------|