

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90048 006 ***150.00

DOCUMENT # P98000087932	
1. Entity Name ATLANTIC INTERNATIONAL DISTRIBUTORS, INC.	



Principal Place of Business 7227 ATLANTIC BLVD JACKSONVILLE, FL 32211	Mailing Address 7227 ATLANTIC BLVD JACKSONVILLE, FL 32211
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2. Principal Place of Business 2905 DANESE ST	3. Mailing Address 2905 DANESE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32206	Zip 32206
Country DUVAL	Country DUVAL

50018945
50018945
02072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3536824	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASZY, STEPHEN K 2905 DANESE ST JACKSONVILLE, FL 32211	
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7. Name and Address of New Registered Agent Name Stephen K. Maszy Street Address (P.O. Box Number is Not Acceptable) 2905 Danese St City Jacksonville FL Zip Code 32206	
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]	DATE 2/22/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MASZY, STEPHEN KENNET 2020 OAK STREET 2905 Danese St JACKSONVILLE, FL 32205 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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]	DATE 2/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	