

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101209

**FILED**  
**May 08, 2005**  
**Secretary of State**

**Entity Name:** ATLANTIC INTERNATIONAL, INC.

**Current Principal Place of Business:**

392 FLEMING AVE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2142  
ORMOND BEACH, FL 32175 US

**New Mailing Address:**

**FEI Number:** 59-3545952      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HO, WILLIAM  
392 FLEMING AVE  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

HO, WILLIAM  
P.O. BOX 2142  
ORMOND BEACH, FL 32175 US

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.

SIGNATURE: WILLIAM HO

05/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HO, WILLIAM W  
Address: 392 FLEMING AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD ( ) Delete  
Name: HO, SARAH H  
Address: 392 FLEMING AVE  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HO

PD

05/08/2005

Electronic Signature of Signing Officer or Director

Date