

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000090097

1. Entity Name

ATLANTIC AQUALINE, INC.



Principal Place of Business

1155 SOUTH CONGRESS AVENUE
SUITE 9
DELRAY BEACH FL 33445

Mailing Address

1155 SOUTH CONGRESS AVENUE
SUITE 9
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0989754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, GAIL
5582 BERMUDA DUNES CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

MAURER, JANI E.

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

500 N.E. Spanish River Blvd #27

City

Boca Raton

FL

Zip Code

33431

3. 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME ANDERSON, GAIL
STREET ADDRESS 5582 BERMUDA DUNES CIRCLE
CITY-STATE-ZIP LAKE WORTH FL 33463

TITLE ☐ Delete

NAME ANDERSON, WAYNE
STREET ADDRESS 5582 BERMUDA DUNES CIRCLE
CITY-STATE-ZIP LAKE WORTH FL 33463

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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] Dennis Wayne Anderson Jr 4/7/05 561 265 2390

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90125 047 ***150.00

2018604



1st MOORE

CR2E034 (10/04)

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000090097

1. Entity Name

ATLANTIC AQUALINE, INC.



ATTACHMENT

14018604

Principal Place of Business

1155 SOUTH CONGRESS AVENUE
SUITE 9
DELRAY BEACH FL 33445

Mailing Address

1155 SOUTH CONGRESS AVENUE
SUITE 9
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0989754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, GAIL
5582 BERMUDA DUNES CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name MAURER, JANI E.
Street Address (P.O. Box Number is Not Acceptable)
500 N.E. Spanish River Blvd #27
City Boca Raton FL Zip Code 33431

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 Jani E. Maurer
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/7/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ANDERSON, GAIL	
STREET ADDRESS	5582 BERMUDA DUNES CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, WAYNE	
STREET ADDRESS	5582 BERMUDA DUNES CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

140/8604

999000090097

ATLANTIC AQUALILNE

1155 SOUTH CONGRESS AVE
SUITE 9
DELRAY BEACH FL 33445

Tel 561-272-8288

July 7, 2005

Florida Dept of State
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Please find enclosed a copy of our 2005 For Profit Corporation Annual Report. We had mailed the original copy with a check on 2/8/05. We were not aware that the original check had not been received by you. I have enclosed a copy of the original check that was mailed to you on 2/8/05. The check number on that check was #1798. The new check that we have enclosed is #1879. You can note from the difference in the check numbers that the first check was written a few months earlier than the second check. You will see from our records that we have always filed our For Profit Corporation Annual Reports in a timely manner. This year we filed them even earlier in February. We mailed a total of four checks for four different companies and unfortunately you did not receive any of them. We sincerely apologize for this, but once the checks were in the mail we just assumed that you had received them. I hope you can help us waiving the penalty and by processing our 2005 For Profit Corporation Annual Reports as soon as possible.

Wayne Anderson



V.P