

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90041 010 \*\*\*150.00

**DOCUMENT # S51527**

1. Entity Name  
**ATLANTIC FINANCIAL SERVICES OF THE FLORIDA KEYS, INC.**



Principal Place of Business      Mailing Address  
**3108 N FEDERAL HWY**      **3108 N FEDERAL HWY**  
**LIGHTHOUSE POINT FL 33064**      **LIGHTHOUSE POINT FL 33064**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**1898 S.E. PORT ST. LUCIE**      **1898 S.E. PORT ST. LUCIE**  
 Suite, Apt. #, etc.      **BLVD.**      Suite, Apt. #, etc.      **BLVD.**

City & State      City & State  
**PORT ST. LUCIE, FL**      **PORT ST. LUCIE, FL**

Zip      Country      Zip      Country  
**34952**      **ST. LUCIE**      **34952**      **ST. LUCIE**

STU20-41  
 54028541



MOORE      CR2E034 (11/03)

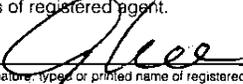
4. FEI Number      65-0267438      Applied For  
      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GHEE, JOHN D.**  
**2216 NE 27TH ST**  
**LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent  
 Name: **GHEE, JOHN D.**  
 Street Address (P.O. Box Number is Not Acceptable): **1600 S.E. BALLANTRAE COURT**  
 City: **PORT ST. LUCIE**      FL      Zip Code: **34952**

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:       DATE: **3-30-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GHEE, JOHN D.	2216 NE 27TH STREET	LIGHTHOUSE POINT FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	GHEE, JOHN D.	1600 S.E. BALLANTRAE COURT	PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:       **JOHN D. GHEE**      **3-30-04**      **954-783-5055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEW # AS OF 4/23/04      Date      772-200-9997      Daytime Phone #