
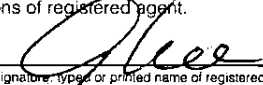


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 3108 N FEDERAL HWY LIGHTHOUSE POINT FL 33064 US			Mailing Address 3108 N FEDERAL HWY LIGHTHOUSE POINT FL 33064 US																										
2. Principal Place of Business 1898 S.E. PORT ST. LUCIE Suite, Apt. #, etc. BLVD.		3. Mailing Address 1898 S.E. PORT ST. LUCIE Suite, Apt. #, etc. BLVD.																											
City & State PORT ST. LUCIE, FL		City & State PORT ST. LUCIE, FL		4. FEI Number 65-0267438																									
Zip 34952 Country ST. LUCIE		Zip 34952 Country ST. LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$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 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  3-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GHEE, JOHN D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2216 NE 27TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LIGHTHOUSE POINT FL 33064</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	GHEE, JOHN D.		STREET ADDRESS	2216 NE 27TH STREET		CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GHEE, JOHN D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1600 S.E. BALLANTRAE COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST. LUCIE, FL 34952</td> <td></td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GHEE, JOHN D.		STREET ADDRESS	1600 S.E. BALLANTRAE COURT		CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
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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 4/23/04 772-200-9997