


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90048 045 ***150.00

DOCUMENT # S65217 1. Entity Name ATLANTIC MANAGEMENT BROKERAGE SERVICES, INC.					
Principal Place of Business 582 N. VOLUSIA AVE. ORANGE CITY, FL 32763 US			Mailing Address 1365 E. HUBBARO AVE. DELAND, FL 32724 US		
2. Principal Place of Business 573 TRADEWINDS DR		3. Mailing Address Same 573 Tradewinds			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELTONA FL		City & State DELTONA FL		4. FEI Number 59-3072889	
Zip 32738		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, MELISSA A 1365 E. HUBBARO AVE. DELAND, FL 32724			7. Name and Address of New Registered Agent Name MELISSA A ALLEN Street Address (P.O. Box Number is Not Acceptable) 573 TRADEWINDS DR. City DELTONA FL Zip Code 32738		
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 <u>Melissa A Allen Kephart</u> DATE <u>4/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ALLEN, MELISSA A 1365 E. HUBBARO AVE. DELAND, FL 32724 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Melissa A. Allen Kephart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/20/04</u> Daytime Phone # <u>3868221157</u>		