

2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/5/2005-90115-042-\$150.00-\$150.00

DOCUMENT # S91488 1. Entity Name 3245 ATLANTIC, INC.				 <div style="text-align: right;"> FILED 05 JUL 21 PM 12:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA 30001000 </div>																												
Principal Place of Business 3245 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118		Mailing Address 3245 S. ATLANTIC AVE. DAYTONA BEACH SHORES, FL 32118																														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 3250 Riverview Ln Suite, Apt. #, etc. Port Orange City & State Port Orange FL Zip 32127		4. FEI Number 59-3095338 Applied For <input type="checkbox"/> Not Applicable																												
Country <input type="checkbox"/>		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																												
6. Name and Address of Current Registered Agent SEAVEY, WILLIAM 3245 S ATLANTIC AVE. DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																												
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 _____ <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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"> DPT SEAVEY, WILLIAM 3245 S. ATLANTIC AVE DAYTONA BCH SHRS, FL </td> <td style="width: 40%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>STREET ADDRESS</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"> Seavey, William 3250 Riverview Lane Port Orange FL 32127 </td> <td style="width: 40%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>						TITLE	DPT SEAVEY, WILLIAM 3245 S. ATLANTIC AVE DAYTONA BCH SHRS, FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE	Seavey, William 3250 Riverview Lane Port Orange FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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>William Seavey</u> 6-30-05 386-761-1660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																																