

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V29954

FILED
Jan 30, 2008
Secretary of State

Entity Name: C & H ATLANTIC CORPORATION

Current Principal Place of Business:

9650 S OCEAN DR., #206
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

12452 SPRING TRACE CT
LOUISVILLE, KY 40229 US

New Mailing Address:

8959 VALLEY VISTA DR
CASA GRANDE, AZ 85222 US

FEI Number: 65-0346214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, CHARLES H III
9650 S OCEAN DR.
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYES, CHARLES H. II, I
Address: 9650 S OCEAN DR., #206
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP () Delete
Name: HAYES, PEGGY W
Address: 9650 S OCEAN DR., #206
City-St-Zip: JENSEN BEACH, FL 34957

Title: ST () Delete
Name: ALLEN, CONNIE M
Address: 12452 SPRING TRACE CT
City-St-Zip: LOUISVILLE, KY 40229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ALLEN, CONNIE M
Address: 8959 VALLEY VISTA DR
City-St-Zip: CASA GRANDE, AZ 85222

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE M. ALLEN

ST

01/30/2008

Electronic Signature of Signing Officer or Director

Date