

FILED
Jun 01, 2004 8:00 am
Secretary of State


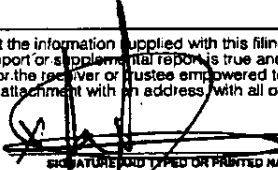
05-04-2004 90236 001 ***300.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66425625



04192004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000030010			
1. Entity Name AMERICAN TRUST REALTY PARTNERS, INC.			
Principal Place of Business 1720 EL JOBEAN RD. PORT CHARLOTTE, FL 33948		Mailing Address PO BOX 380997 MURDOCK, FL 33938-0997	
2. Principal Place of Business 3909 CAPE HAZE DRIVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE HAZE, FL		City & State	
Zip 33946		Country	
4. FEI Number 04-3629923		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHACKLETT, WALTER J 1720 EL JOBEAN RD PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3909 CAPE HAZE DRIVE City CAPE HAZE FL Zip Code 33946	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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	P WINKEL, MARY M 1720 EL JOBEAN RD PT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3909 CAPE HAZE DRIVE CAPE HAZE, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTER SHACKLETT J <input type="checkbox"/> Delete 3909 CAPE HAZE DR. CAPE HAZE, FL 33946	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT WALTER J. SHACKLETT 3909 CAPE HAZE DR CAPE HAZE, FL 33946
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
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
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
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
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: 		X 4-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	