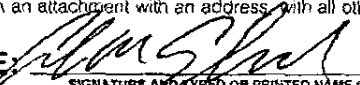


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 432305 1. Entity Name ATCO, INC.					
Principal Place of Business PO BOX 698 SARASOTA FL 34230			Mailing Address PO BOX 698 SARASOTA FL 34230		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1483984	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ELWELL, ALAN M 3815 N. OSPREY AVE. SARASOTA FL 34234				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
SIGNATURE _____ Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILHOLLAND, JACK JR. 3815 N. OSPREY AVE. SARASOTA, FL 00000	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000431585 04/19/06-80028-009 150.05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ELWELL, ALAN M. 3815 N. OSPREY AVE. SARASOTA FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HESSER, MARK 4714 ACORN CIRCLE SARASOTA FL 34233	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANAST, STEVE E 4151 ARROW LANE SARASOTA FL 34232	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  **ALAN M. ELWELL** **3/31/06** **(941) 355-7411**