

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2007 08:00 AM
Secretary of State**

DOCUMENT # 564213

1. Entity Name
ATLANTIC MOWER PARTS & SUPPLIES, INC.



Principal Place of Business
**13421 SW 14 PLACE
FT LAUDERDALE, FL 33325**

Mailing Address
**13421 SW 14 PLACE
FT LAUDERDALE, FL 33325**



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1801566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BETTELLI, ROBERT J
13421 SW 14 PLACE
FT LAUDERDALE, FL 33325**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BETTELLI, JEAN
STREET ADDRESS	13421 S.W. 14 PLACE
CITY-ST-ZIP	FT.LAUDERDALE, FL
TITLE	D
NAME	BETTELLI, JOHN
STREET ADDRESS	13421 SW 14 PL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325
TITLE	D
NAME	BETTELLI, JAMES
STREET ADDRESS	13421 SW 14 PL.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000625816
02/14/07-80090-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jean Bettelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 (954) 474-4942
Date Daytime Phone #