## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2004 8:00 am Secretary of State

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DOCUMENT # F9700004247				02-09-2004 90017 003 ***158.75					
ATLAS R	ALL ROAD CONSTRUCTION	NCO TELEFA	1						
			共选						
Principal Plac		Mailing Address	17.3.3.W	A TELEVISION OF THE STATE OF TH					
P.O. BOX 8, ROUTE 519 P.O. BOX 8, ROUTE 519		9		* * O O M		HO 4 O	0.4.0		
EIGHTY FOUR, PA 15330 EIGHTY FOUR, PA 15330				44007948					
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		- Suite, Apt. #, etc.	Suite, Apt. #, etc.		04000004	n, ,	ODOCO	04 (40/00)	
				01062004	Chg-P	CH2EU	34 (10/03)		
City & State		City & State	City & State		4. FEI Number 25-1011	910			plied For at Applicable
Zip	Country	Zip Cour		try	<del>                                     </del>	f Status Desired	130	\$8.75 Add	litional
	6. Name and Address of Current	Pagistared Acoust				ddress of New R		Fee Require	d
· . ·	G. Name and Address of Current	Hegistered Agent		Name	7. Hame and A	IQUIC33 OI NEW II	egistered A		
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		ļ	Street Address	(P.O. Box Number	is Not Acceptable	e)		
	ION, FL 33324				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				City			FL	Zip Code	э
	named entity submits this statement fo	r the purpose of changing its	registere	d office or registe	ered agent, or both	, in the State of Flo	rida. I am 1	amiliar with,	and accept
tne obligat	tions of registered agent.								ļ
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	F: Registered	d Agent signature require	d when reinstating)		. DATE		
79 - 4 - 1	· ·								
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Cont			.00 May Be				!
'	ay 1, 2004 Fee will be \$550.								- '
TITLE	OFFICERS AND	DIRECTORS - Delete	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS  Change	S IN 11 . □ Addition
NAME	STOUT, WILLIAM M	LJ Delete	NAME					☐ Overlange	☐ Vadilion
STREET ADDRESS	PO BOX 8, ROUTE 519			ET ADDRESS					
CITY-ST-ZIP	EIGHTY FOUR, PA	<b>57</b>		-ST-ZIP					
TITLE NAME	MATTHEWS, ROBERT	<b>⊠</b> Delete	TITLE	l l			,	Change	☐ Addition
STREET ADDRESS	PO BOX 8, ROUTE 519			ET ADDRESS					
CITY-ST-ZIP	EIGHTY FOUR, PA		CITY-	ST-ZIP		******			
TITLE	V SUSKO, GREGORY	☐ Delete	TITLE	l l				Change	☐ Addition
NAME STREET ADDRESS	PO BOX RT 519		. 1	ET ADDRESS	-		- 1		-
CITY-ST-ZIP	EIGHTY FOUR, PA			ST-ZIP -					
TITLE									
	ST	☐ Delete	TITLE					Change	☐ Addition
NAME	STONER, JR, DENNIS C	☐ Delete	NAME	E				☐ Change	LI Addition
STREET ADDRESS	STONER, JR, DENNIS C P.O BOX 8, 1253 ROUTE 519	☐ Delete	NAME STREE	ET ADDRESS				☐ Change	L Addition
	STONER, JR, DENNIS C	☐ Delete	NAME STREE	ET ADDRESS ST-ZIP				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	STONER, JR, DENNIS C P.O BOX 8, 1253 ROUTE 519		NAME STREI CITY- TITLE NAME	ET ADDRESS ST-ZIP		MARI Assessed			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STONER, JR, DENNIS C P.O BOX 8, 1253 ROUTE 519		NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-ZIP			-		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STONER, JR, DENNIS C P.O BOX 8, 1253 ROUTE 519 EIGHTY FOUR, PA 15330	☐ Delete	NAME STREI CITY- TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STONER, JR, DENNIS C P.O BOX 8, 1253 ROUTE 519 EIGHTY FOUR, PA 15330	☐ Delete	NAME STREE CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP		and the second s	Oran Na		Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STONER, JR, DENNIS C P.O BOX 8, 1253 ROUTE 519 EIGHTY FOUR, PA 15330	☐ Delete	NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME NAME STREE	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP		and the second s	Total Late	☐ Change	Addition

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:

TURE AND TYPED OF PRINTESPRAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

(724) 228-4500

Daytime Phone #