


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

| | |
|-----------------------------------|---|
| DOCUMENT # H53025 |  |
| 1. Entity Name A-TRANS L, INC. | |

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|---|---|
| Principal Place of Business 1393 PASADENA AVENUE SOUTH SUITE B-1 SOUTH PASADENA, FL 33707 US | Mailing Address 1393 PASADENA AVENUE SOUTH SUITE B-1 SOUTH PASADENA, FL 33707 US |
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2790866 | 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

DUROCHER, WILLIAM J PRESIDE
1393 PASADENA AVENUE SOUTH
SUITE B-1
SOUTH PASADENA, FL 33707

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE
02/12/08-80011-025 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DUROCHER, WILLIAM J PRES 1393 PASADENA AVENUE SOUTH, SUITE B-1 SOUTH PASADENA, FL 33707 |
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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 my address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____