

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # J19105

1. Entity Name  
ATLAS BOAT WORKS, INC.



FILED  
08 JAN 22 PM 3: 59  
HALL COUNTY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2404 ANDALUSIA BLVD  
CAPE CORAL, F. 33909 US

Mailing Address  
2404 ANDALUSIA BLVD  
CAPE CORAL, FL 33909 US



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2768945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GAMSO, THOMAS  
4650 BURNT STORE RD, N  
CAPE CORAL, FL 33993

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAMSO, THOMAS 4650 BURNT STORE RD N CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tom 1/23</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

03-01-07 80008 013 \$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: *Tom Gamso* Tom GAMSO 1-16-08 239-574-2628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



# Atlas Boat Works, Inc.

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(239) 574-2628

(239) 574-2266 Fax

2404 Andalusia Blvd.  
Cape Coral, FL 33909

1/16/08

Division of Corporations

P.O. Box 6198

Tallahassee, FL. 32314

To whom it may concern:

Enclosed is our annual report for 2008. We recently realized that we had double paid the fee for our corp. (doc.# J19105) in 2007. We called your office and the person we spoke to acknowledged the double payment and advised us to make a note in our '08 report.

Attached are the copies of the checks issued and cashed for '07. Please apply the excess paid towards our '08 annual fee.

Thanks.

Tom Gamso, Pres.

