

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 021 ***150.00

DOCUMENT # 157733

1. Entity Name

ADVANCED TECHNOLOGY GROUP, INC.



Principal Place of Business

5901 SUN BLVD.
#202
ST PETERSBURG FL 33715
US

Mailing Address

5901 SUN BLVD.
#202
ST PETERSBURG FL 33715
US

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

6860 GULFPORT BLVD S #750

Suite, Apt. #, etc.

6860 GULFPORT BLVD S #750

City & State

SO PASADENA, FL 33707

City & State

SO PASADENA FL

4. FEI Number

59-3002603

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, WILLIAM R.
5901 SUN BLVD
#202
ST PETERSBURG FL-33715

7. Name and Address of New Registered Agent

Name

WATSON, WILLIAM R

Street Address (P.O. Box Number is Not Acceptable)

6860 GULFPORT BLVD S #750

City

SO PASADENA, FL 33707

FL

Zip Code

33707

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)

3.23.05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WATSON, WILLIAM R.	
STREET ADDRESS	5901 SUN BLVD #202	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, BARBARA N.	
STREET ADDRESS	5901 SUN BLV #202	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6860 GULFPORT BLVD S, #750	
CITY-ST-ZIP	SO PASADENA, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6860 GULFPORT BLVD S, #750	
CITY-ST-ZIP	SO PASADENA, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.05

Date

727 345 3933

Daytime Phone #