

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT #P00000104773	
1. Entity Name ATLAS RENTALS, INC.	
Principal Place of Business 5027 SW ELK RIVER COURT PALM CITY, FL 34990	Mailing Address P.O. BOX 1871 PALM CITY, FL 34991



DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1100179	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

BUTLER, JAMES J ESQ
821 E OCEAN BLVD, STE B
STUART, FL 34994

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 DAVIS, JAMES N III
STREET ADDRESS 5027 SW ELK RIVER COURT
CITY-ST-ZIP PALM CITY, FL 34990

TITLE VST
NAME DAVIS, LINDA H
STREET ADDRESS 5027 SW ELK RIVER COURT
CITY-ST-ZIP PALM CITY, FL 34990

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04/16/05-80035-004 150.00

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

LINDA H. DAVIS VST

4/13/05 772 288 0913

Date

Daytime Phone #