

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000024200**

1. Entity Name  
**AMERICAN TRANSPORTATION MARKETING GROUP,  
INC.**



Principal Place of Business

**10151 DEERWOOD PARK BLVD  
BLGD 200 STE 250  
JACKSONVILLE, FL 32256**

Mailing Address

**PO BOX 331545  
ATLANTIC BEACH, FL 32233-1545**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **02-0578460** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, MARK  
136 E. BAY ST.  
JACKSONVILLE, FL 32202**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **WOLFSON, DONALD M**  
STREET ADDRESS **1725 BEACH AVE.**  
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D**  
NAME **WOLFSON, LESLEY K**  
STREET ADDRESS **10901 BURNT MILL RD., UNIT 1003**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

1100000145936  
05/03/04-80043-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Donald M. Wolf  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

904-371-3210  
Daytime Phone #