


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFSON, DONALD M 1725 BEACH AVE. ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFSON, LESLEY K 10901 BURNT MILL RD., UNIT 1003 JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Donald M. Wolf</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7/11/05</u> <u>904-371-3210</u> <small>Date Daytime Phone #</small>



05312005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0578460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/14/05-20001-015 550.00