

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060075

FILED
Mar 12, 2004
Secretary of State

Entity Name: AMERICAN TRANSPORTATION INSURANCE GROUP, INC.

Current Principal Place of Business:

7815 NORTH DALE MABRY HIGHWAY
SUITE 107
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7815 NORTH DALE MABRY HIGHWAY
SUITE 107
TAMPA, FL 33614

New Mailing Address:

FEI Number: 02-1867036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DAVE
7815 NORTH DALE MABRY HIGHWAY
SUITE 107
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, DAVE
Address: 7815 NORTH DALE MABRY HIGHWAY SUITE 107
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: GOBEL, MIKE
Address: 6706 RED OAK
City-St-Zip: SHAWNEE, KS 66217

Title: D () Delete
Name: O'KELLY, GARY
Address: 10405 KING
City-St-Zip: OVERLAND PARK, KS 66214

Title: D () Delete
Name: CONSTANTINE, SAM
Address: 5624 KEARNY VILLA RD
City-St-Zip: SAN DIEGO, CA 92123

Title: D () Delete
Name: BOLEN, BILL
Address: 2800 LIVESEY COURT
City-St-Zip: TUCKER, GA 30084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE JONES

D

03/12/2004

Electronic Signature of Signing Officer or Director

Date