
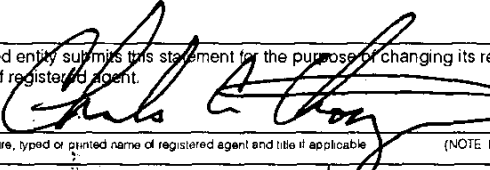
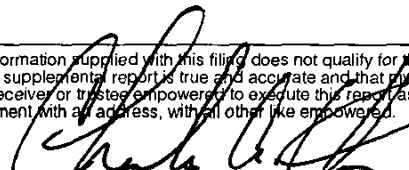


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90226 017 \*\*\*150.00

<b>DOCUMENT # P02000060075</b> 1. Entity Name <b>AMERICAN TRANSPORTATION INSURANCE GROUP, INC.</b>					
Principal Place of Business <del>7815 NORTH DALE MABRY HIGHWAY</del> <del>SUITE 107</del> <del>TAMPA FL 33614</del>		Mailing Address <del>7815 NORTH DALE MABRY HIGHWAY</del> <del>SUITE 107</del> <del>TAMPA FL 33614</del>			
2. Principal Place of Business <b>American Transportation Insurance Group</b> <b>207-B W. State Rd. 434</b> <b>Winter Springs, FL 32708</b>					
Suite, Apt. #, etc. <b>207-B W. State Rd. 434</b>		Suite, Apt. #, etc. <b>207-B W. State Rd. 434</b>			
City & State <b>Winter Springs, FL 32708</b>		City & State <b>Winter Springs, FL 32708</b>		4. FEI Number <b>02-1867036</b>	
Zip <b>32708</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, DAVE</b> <b>7815 NORTH DALE MABRY HIGHWAY</b> <b>SUITE 107</b> <b>TAMPA FL 33614</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DAVE 7815 NORTH DALE MABRY HIGHWAY SUITE 107 TAMPA FL 33614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBEL, MIKE 6706 RED OAK SHAWNEE KS 66217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KELLY, GARY 10405 KING OVERLAND PARK KS 66214	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANTINE, SAM 5624 KEARNY VILLA RD SAN DIEGO CA 92123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLEN, BILL 2800 LIVESEY COURT TUCKER GA 30084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4-28-05 407-3275850		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		