

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90148 019 ***150.00

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1. Entity Name

AMERICAN TRANSPORTATION INSURANCE GROUP, INC.



Principal Place of Business

207-B W STATE RD 434
WINTER SPRINGS FL 32708
US

Mailing Address

207-B W STATE RD 434
WINTER SPRINGS FL 32708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

02-1867036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, DAVE

~~7815 NORTH DALE MABRY HIGHWAY~~
~~SUITE 407~~
~~TAMPA FL 33614~~

Name

207 B W. SR 434

City

Winter Springs FL 32708

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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JONES, DAVE
STREET ADDRESS ~~7815 NORTH DALE MABRY HIGHWAY SUITE 407~~
CITY-ST-ZIP ~~TAMPA FL 33614~~

TITLE D ☐ Delete
NAME GOBEL, MIKE
STREET ADDRESS 6706 RED OAK
CITY-ST-ZIP SHAWNEE KS 66217

TITLE D ☐ Delete
NAME O'KELLY, GARY
STREET ADDRESS 10405 KING
CITY-ST-ZIP OVERLAND PARK KS 66214

TITLE D ☒ Delete
NAME ~~CONSTANTINE, SAM~~
STREET ADDRESS 5624 KEARNY VILLA RD
CITY-ST-ZIP SAN DIEGO CA 92123

TITLE D ☐ Delete
NAME BOLEN, BILL
STREET ADDRESS 2800 LIVESEY COURT
CITY-ST-ZIP TUCKER GA 30084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 207 B W. SR 434
CITY-ST-ZIP Winter Springs 32708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME T. Mike Ainsworth
STREET ADDRESS 854 Cato Rd
CITY-ST-ZIP mendenhall, MS. 39114

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Daytime Phone #

42406 / 407-321-6850