


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 036 ***150.00

DOCUMENT # P02000060075	
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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

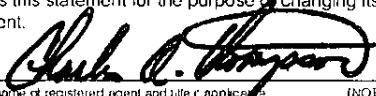
1st MOORE CR2E034 (10/06)

4. FEI Number 62-1867036	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JONES, DAVE 207B W. SR434 WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent
Name Charles Thompson
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Delete
D JONES, DAVE 207B W. SR434 WINTER SPRINGS FL 32708	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
D GOBEL, MIKE 6706 RED OAK SHAWNEE KS 66217	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
D O'KELLY, GARY 10405 KING OVERLAND PARK KS 66214	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
D AINSWORTH, MIKE 854 CATO RD MENDENHALL MS 39114	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
D BOLEN, BILL 2800 LIVESEY COURT TUCKER GA 30084	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
President Charles Thompson 207B S.R. 434 Winter Springs FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Mike McGovern POB 5536 Knoxville, TN 37928	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.	
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SIGNATURE: 	Date 4-5-07	Daytime Phone # 407-327-5850
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