

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90128 026 ***150.00

DOCUMENT # P02000101949

1. Entity Name
LANCE HASKINS ATA, INC.



Principal Place of Business
3290 SUITE 106
3270 SUNTREE BLVD #3 E
MELBOURNE, FL 32940

Mailing Address
3290 SUITE 106
3270 SUNTREE BLVD #3 E
MELBOURNE, FL 32940



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0646007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASKINS, LANCE D
3270 SUNTREE BLVD #3 E
MELBOURNE, FL 32940

**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: *Lance D. Haskins*

(NOTE: Registered Agent signature required when reinstating)

DATE

(CHANGE ADDRESS ONLY)

4/5/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HASKINS, LANCE D
STREET ADDRESS ~~3270 SUNTREE BLVD #3 E~~ ADDRESS CHANGE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS 3290 SUNTREE BLVD SUITE 106
CITY-ST-ZIP

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

**DO NOT WRITE
IN THIS SPACE**

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:

Lance D. Haskins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

321-752-4410

Daytime Phone #