

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90013 030 ***158.75

DOCUMENT # P02000125057	
1. Entity Name ATIT INC;	

Principal Place of Business 16-A VIA DELUNA PENSACOLA BEACH FL 32561 US	Mailing Address 16-A VIA DELUNA PENSACOLA BEACH FL 32561 US
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2. Principal Place of Business 16-A VIA DELUNA DRIVE	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PENSACOLA BEACH	City & State
Zip 32561 Country U.S.	Zip 32561 Country

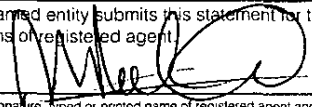
4. FEI Number 42-1560372	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent PATEL, MANOJ 16-A VIA DELUNA PENSACOLA BEACH FL 32561

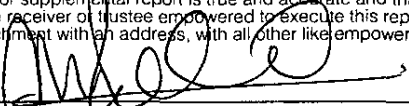
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 2-25-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE PRES ☐ Delete	
NAME PATEL, MANOJ	
STREET ADDRESS 16-A VIA DELUNA	
CITY-ST-ZIP PENSACOLA BEACH FL 32561	
TITLE Secretary ☐ Delete	
NAME RASHMI PATEL	
STREET ADDRESS 4300 SOUNDSIDE DR.	
CITY-ST-ZIP GULF BREEZE, FL 32563	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Delete	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE ☐ Change ☐ Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:  2-25-04 850-432-8454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #