

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90260 001 ***150.00

DOCUMENT # P03000145690

1. Entity Name
AMERICAN TRUST CAPE HAZE PARTNERS, INC.



Principal Place of Business

**3909 CAPE HAZE DRIVE
CAPE HAZE, FL 33946**

Mailing Address

**P.O. BOX 380997
MURDOCK, FL 33938-0997**

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0413066

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANEWINCKEL, DEAN
2650 S MCCALL RD
ENGLEWOOD, FL 34224**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHACKLETT, WALTER
P O BOX 380997
MURDOCK, FL 339380997**

TITLE
NAME
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4.21.05

Date

Daytime Phone #