

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90036 032 \*\*\*150.00

DOCUMENT # P03000153211

1. Entity Name

AMERICAN TASKMASTERS, INC.



Principal Place of Business

P.O. BOX 420127  
SUMMERLAND KEY FL 33042

Mailing Address

P.O. BOX 420127  
SUMMERLAND KEY FL 33042

2. Principal Place of Business

P.O. Box 4741

3. Mailing Address

P.O. Box 4741

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)



City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

65-1212727

Applied For

Not Applicable

Zip

33885

Country

USA

Zip

33885

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ERSKINE, LARRY R  
31211 AVENUE A  
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name Jeffrey P. North

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 4741

2539 Palm Dr. NE

City Winter Haven

FL

Zip Code 33885

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

*Jeffrey P. North*

Signature, type and print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-5

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	NORTH, JEFFREY P	
STREET ADDRESS	452 CUDJOE KEY	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeffrey P. North*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-5 305304-1495