

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT #P04000008868

1. Entity Name

ATC ELECTRICAL & INSTRUMENTATION, INC.



Principal Place of Business

13339 SW GLASS ROAD  
BLOUNTSTOWN, FL 32424

Mailing Address

13339 SW GLASS ROAD  
BLOUNTSTOWN, FL 32424



04242008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0603879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLASS, TIMOTHY L  
13339 SW GLASS ROAD  
BLOUNTSTOWN, FL 32424

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000931169

05/22/08 2008-000-150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLASS, TERRI C
STREET ADDRESS	13339 SW GLASS ROAD
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	V
NAME	GLASS, TIMOTHY L
STREET ADDRESS	13339 SW GLASS RD
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
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 exemptions contained in Chapter 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.

SIGNATURE:

*Terri C. Glass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-08

Daytime Phone #

(850) 674-1336