# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/13/4

**FILED**
**May 12, 2005 8:00 am**
**Secretary of State**
04-18-2005 90343 018 *****8.75
03-18-2005 90056 033 ***150.00

DOCUMENT # P04000065010

1. Entity Name
ATLAS GROUP LENDING AND FINANCIAL CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 5426 SW 21ST PL<br>CAPE CORAL, FL 33914 | 5426 SW 21ST PL<br>CAPE CORAL, FL 33914 |

02232005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 95-3153224 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CLASSETTI, ARMOND P<br>5426 SW 21ST PL.<br>CAPE CORAL, FL 33914 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **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
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, 2005 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT / TREASURER<br>ARMOND CLASSETTI<br>5426 SW 21 PL<br>CAPE CORAL FL 33914 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.PRES + SECTRARY<br>CHRISTIAN CLASSETTI<br>1621 SW 19 LN<br>CAPE CORAL FL 33914 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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: Armond Classett ARMOND CLASSETTI 3-15-05 239 980-5363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #