## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 28, 2006 8:00 am Secretary of State DOCUMENT # P05000151398 03-03-2006 90118 041 \*\*\*150.00 1. Entity Name ATN SALES, INC. Principal Place of Business Mailing Address 20625 SW 304 STREET HOMESTEAD FL 33030 20625 SW 304 STREET HOMESTEAD FL 33030 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRISON, STEPHEN T JR. Street Address (P.O. Box Number is Not Acceptable) 20625 SW 304 STREET **HOMESTEAD FL 33030** City 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. Signature, typed or ported name of registered agent and title # applicable. (NOTE: Registered Agent aighature required when remalating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Delete TITLE ☐ Change ☐ Addition GARRISON, STEPHEN T JR. NAME NAME STREET ADDRESS 20625 SW 304 STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 70 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ACORESS STREET ACORESS CUTY-SI-70P CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete MLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachness, with all other like empowered. SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



## ATTACHMENT

66007373

## FLORIDA DEPARTMENT OF STATE

**Division of Corporations** 

March 7, 2006

ATN SALES, INC. 20625 SW 304 STREET HOMESTEAD, FL 33030

Subject: ATN SALES, INC.

Reference Number:

P05000151398

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION