

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093293

Entity Name: ATG HOLDING COMPANY

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

503 - 10TH STREET WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 866
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 59-3303760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, BILLY L JR.
503-10TH STREET WEST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: ESFORMES, JOSEPH
Address: 503 10TH STREET WEST
City-St-Zip: PALMETTO, FL

Title: D () Delete
Name: ESFORMES, NATHAN
Address: 503 10TH STREET WEST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: HELLER, HARVEY
Address: 288 SOUTH 4TH STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: FALK, HARRY
Address: 288 SOUTH 9TH STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ESFORMES

DV

04/02/2009

Electronic Signature of Signing Officer or Director

Date