


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000047500</b> 1. Entity Name ATL CONSTRUCTION, INC.	
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Principal Place of Business 112 STROMBOLI DRIVE ISLAMORADA, FL 33036	Mailing Address 112 STROMBOLI DRIVE ISLAMORADA, FL 33036
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02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0590979	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  LEO, JOHN M 112 STROMBOLI DRIVE ISLAMORADA, FL 33036
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEO, JOHN M 112 STROMBOLI DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEO, THERESA A 112 STROMBOLI DRIVE ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000001455985  
03/16/06 80011-010 158.75

**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:  2-28-06 305-664-8090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #