2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000047500

1. Entity Name
ATL CONSTRUCTION, INC.

Principal Place of Business

برنتر اله

Mailing Address

112 STROMBOLI DRIVE ISLAMORADA, FL 33036

112 STROMBOLI DRIVE ISLAMORADA, FL 33036

FILED Jan 14, 2008 08:00 AI Secretary of State



01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0590979 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEO, JOHN M 112 STROMBOLI DRIVE ISLAMORADA, FL 33036

CITY-ST-ZIP

SIGNATURE:

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. 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signeture, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			oing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					*
TITLE NAME STREET ADDRESS CITY-SY-ZIP	PT LEO, JOHN M 112 STROMBOLI DRIVE ISLAMORADA, FL 33036				.U00000781934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEO, THERESA A 112 STROMBOLI DRIVE ISLAMORADA, FL 33036				01/15/08-80055-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT-WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE Name Street address					

12. I hereby certify that the information supplied with this filling 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.

I NAME OF BIGNING OFFICER OR DIRECTOR