2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000091478

1. Entity Name
ATCO SALES AND MARKETING INC.

Principal Place of Business	Mailing Address
16735 NW 11 ST PEMBROKE PINES, FL 33028	16735 NW 11 ST PEMBROKE PINES, FL 33028

DO NOT WRITE IN THIS SPACE
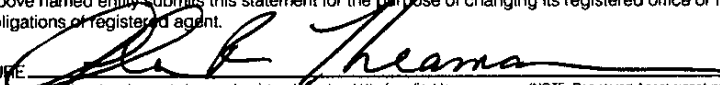
01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0623259	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

THEAMAN, ALAN R
16735 NW 11TH ST
PEMBROKE PINES, FL 33028
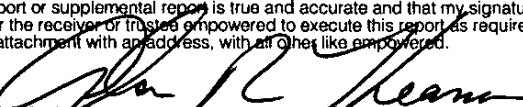
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Alan R. Theaman_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE 1/18/2007

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000597094 01/24/07-80022-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	THEAMAN, ALAN R
STREET ADDRESS	16735 NW 11TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Alan R. Theaman_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/18/2007   Daytime Phone # 954-436-1919