

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000068448 1. Entity Name ATLAS ALLERGY SUPPLY, INC.																													
Principal Place of Business 908 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009			Mailing Address P.O. BOX 1011 HALLANDALE FL 33008 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-0709028																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CRISMANICH, SHARON 908 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CRISMANICH, SHARON</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>908 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Add <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	CRISMANICH, SHARON		CITY-ST-ZIP	908 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009		TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Add <input type="checkbox"/>	STREET ADDRESS					CITY-ST-ZIP				
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1st MOORE CR2E034 (10/04)

4. FEI Number **65-0709028**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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Make Check Payable to Florida Department of State

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP	908 WEST HALLANDALE BEACH BLVD. HALLANDALE FL 33009	

TITLE	NAME	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Add <input type="checkbox"/>
STREET ADDRESS				
CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Crismanich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

Daytime Phone #