

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000015558**

1. Entity Name  
**ATLANTIC SCHOOL BUS CORP.**



Principal Place of Business  
**2060 WEST 21ST ST.  
JACKSONVILLE, FL 32209**

Mailing Address  
**7 NORTH STREET  
STATEN ISLAND, NY 10302**



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2083456**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GATTO, DOMENIC  
2060 WEST 21ST  
JACKSONVILLE, FL 32209**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

07/18/05-2005-015 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GATTO, DOMENIC
STREET ADDRESS	7 NORTH STREET
CITY - ST - ZIP	STATEN ISLAND, NY 10302
TITLE	CFO
NAME	ABITABLO, NEIL
STREET ADDRESS	7 NORTH STREET
CITY - ST - ZIP	STATEN ISLAND, NY 10302
TITLE	ST
NAME	DENTE, JEROME
STREET ADDRESS	1 NORTH ST
CITY - ST - ZIP	STATEN ISLAND, NY 10302
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 exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Domenic Gatto President*

Date

*July 5, 2005*

Daytime Phone #

*718 442 7000*