

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018293

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: ATLAS SIGN & LIGHTING, INCORPORATED

**Current Principal Place of Business:**

556 ANCLOTE RD.  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

556 ANCLOTE RD.  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 59-3506490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAVROMATIS, NICK  
4989 CARDINAL TRAIL  
TARPON SPRINGS, FL 34683 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MAVROMATIS, LEON  
Address: 4989 CARDINAL TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34683

Title: D ( ) Delete  
Name: MAVROMATIS, NICK  
Address: 4989 CARDINAL TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34683

Title: D ( ) Delete  
Name: KERDEMELEIDIS, KOSTAS  
Address: 1022 E. LIME ST.  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK MAVROMATIS

MR

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date