2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam ATLAS SI	MENT # P9800001 GN & LIGHTING, INCORE	8293 PORATED			. 1	02-27-2008	3 90010 009	***15	0.00
Principal Place of Business Mailing Address 556 ANCLOTE RD. 556 ANCLOTE RD. TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689			34689			.	'IN ROID! ((24) IGIIO II	81 8 19198 #11	1 78 1 21 1 3 7 1
Principal Place of Business - No P.O. Box # 3. Mailing Address					- - - -				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02182008	Chg-P	CR2E034	(12/06)	
City & State	Э	City & State		4. FEI Numb			1	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New I	Registered Age	nt	
MAVPOM	ATIS, NICK			Name					
4989 CARI	DINAL TRAIL SPRINGS, FL 34683			Street Address (P.O. Box Number is Not Acceptable)					
	7,44, 51, 61, 141, 65, 12, 54, 55,			Con. To Code					
				City FL Zip Code					
	named entity submits this statement ions of registered agent.					oth, in the State of F		iliar with,	and accept
	Signature, typod or printed name of registered age	is and tide if applicable. (NO	TE. Hegisteres	Agent signature require	id whin reinstalings	1	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Con	•	+-	5.00 May Be ded to Fees				
10.	OFFICERS ANI	O DIRECTORS	. 11.		ADDITIONS	/CHANGES TO OF	FICERS AND DI	RECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D MAVROMATIS, LEON 4989 CARDINAL TRAIL TARPON SPRINGS, FL 34683	☐ Defete						Change	☐ Addition
TITLE NAME	D MAVROMATIS, NICK	☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP	4989 CARDINAL TRAIL TARPON SPRINGS, FL 34683		STRE	ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D KERDEMELIDIS, KOSTAS 1022 E. LIME ST. TARPON SPRINGS, FL 34689	□ Deleta		1			[Change	Ad a ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAIN ON GI MINOS, I'E GIOGG	☐ Delate	TITLE MAME STREE	:] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	CITY	E ET ADDRESS - ST- ZIP				j Change	Addition
of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	powered to execute this repor	rt as requi	emptions containe ture shall have the red by Chapter 60	d in Chapter 11 same legal effe 7, Florida Statut	 Florida Statutes. as if made under es; and that my nan 	I further certify to oath; that I am a ne appears in Bl	that the in an officer ock 10 or	formation or director Block 11 if

#P98000018293

FLORIDA DE	PARTMEN	T OF STATE		uly a		
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Annual Re	•		9		r y	
Document Number				TED.	•	
Business Entity N	iame ATLAS	DIGN & LIGHTING	, INCORPORA	עובט		
FEI Number 59	- 3506490)		•		
FEI Number Statu	s listed A	bove (5) Applied	For O Not Ap	plicable		
Certificate of Stat	us Desired 🤄	PYes ⊚ No \$	8.75 each			
Election Campaig	n Financing 1	rust Fund Contri	ibution 🕑 Ye	s ® No		
Principal Plac	e of Busi	ness				
Address	556 ANCL	OTE RD.		(PO Box not a	cceptable)	
Suite, Apt. #, etc.	vi.			WARRENCE TO THE PROPERTY OF TH		
City, State	TARPON	SPRINGS	, FL			
Zip Code & Coun	try 34689	1				
Mailing Addre						
If your mailing ad your mailing addr	dress is the s ess.	ame as the princi	ipal address a	bove, please ch	eck the box below. Othe	rwise, enter
Mailing addre		incipal address			•	
Address	556 ANCL	OTE RD.				
Suite, Apt. #, etc.	ı				* ·	
City, State	TARPON	SPRINGS	, FL			
Zip Code & Coun	try 34689					
Name And A	ddress of	Registered A	gent			
Name (Last, First	; Middle, Title) MAVROMATIS	NICK	:		
- OR						
Business to serv	e as RA	<u> </u>				
Street Address I	n Florida	4989 CARDINA	L TRAIL		PO Box not acceptable)	
Suite, Apt. #, etc		The second secon		· · · · · · · · · · · · · · · · · · ·	C Sox not deceptable)	
City, State		TARPON SPRII	NGS			
		Fr. 100 1111 1111 1111 1111 1111 1111		•		

www.sunbiz.org - Department of State ALIACHMENT 40033619

Zip Code & Country	34683 US
Signature' block below to accept the d	t, the new agent will need to type their name in the Registered Agent esignation of registered agent. RA signature must be an individual n individual must sign on their behalf. A business entity cannot serve as
Registered Agent Signature	
	individual "signing" this document electronically or be made with of the individual, otherwise it constitutes forgery under
Officer/Director Name A	nd Address
Name And Address #1	
Title	D
Name (Last, First, Middle, Title)	MAVROMATIS LEON .
Entity Name to serve as Officer/	Director
Street Address	4989 CARDINAL TRAIL
City, State	TARPON SPRINGS FL
Zip Code & Country	34683
Name And Address #2 Title	[D
Name (Last, First, Middle, Title)	MAVROMATIS , NICK , ,
- OR -	
Entity Name to serve as Officer	/Director
Street Address	4989 CARDINAL TRAIL
City, State	TARPON SPRINGS , FL
Zip Code & Country	34683
Name And Address #3	
Title	D
Name (Last, First, Middle, Title)	KERDEMELIDIS KOSTAS
- OR - Entity Name to serve as Officer	/Director
Street Address	1022 E. LIME ST.
City, State	TARPON SPRINGS FL
Zip Code & Country	34689
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