

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064664

Entity Name: AMERICAN TELEPARTNERS, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

375 COMMERCE PARKWAY
SUITE 203
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

375 COMMERCE PARKWAY
SUITE 203
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3528801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARI, RICHARD S
96 WILLARD ST., SUITE 302
COCOA, FL 32955

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: S () Delete
Name: AMARI, RICHARD S
Address: 96 WILLARD ST., SUITE 302
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: THERIAC, JAMES S III
Address: 96 WILLARD STREET, SUITE 302
City-St-Zip: COCOA, FL 32922

Title: P () Delete
Name: RIDDER, S.G.
Address: 96 WILLARD STREET, SUITE 302
City-St-Zip: COCOA, FL 32922

Title: V () Delete
Name: RIDDER, JUDY H
Address: 96 WILLARD STREET, SUITE 302
City-St-Zip: COCOA, FL 32922

Title: V () Delete
Name: LONG, DONALD L
Address: 96 WILLARD STREET SUITE 302
City-St-Zip: COCOA, FL 32922

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:

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 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 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: S G RIDDER

P

01/13/2004

Electronic Signature of Signing Officer or Director

Date