07-02-2004 90001 031 ***150.00
P98000065422

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000065422

1. Entity Name
ATM TRUST, INCORPORATED

FILED
04 JUL -7 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54059561

Principal Place of Business	Mailing Address
321 OLEANDER WAY CASSELBERRY, FL 32707	321 OLEANDER WAY CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3526812
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORRENTE, CARMEN F
444 SEABREEZE BLVD.
5TH FLOOR
DAYTONA BEACH, FL 32118

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COREENTE, CARMEN F
STREET ADDRESS	444 SEABREEZE BLVD. 5TH FLOOR
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	P
NAME	KENNEY, JONATHAN
STREET ADDRESS	321 OLEANDER WAY
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	V
NAME	KNIGHT, ALAN
STREET ADDRESS	321 OLEANDER WAY
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	ST
NAME	SULLIVAN, MARLENE
STREET ADDRESS	321 OLEANDER WAY
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

524059561
#P98000065422

6-24-04

Division of Corp.

Dear Sirs,

I mailed payment to you on 4-5-04 and you could not match to my Corp. even though I sent form along with check. The letter went to our attorney and never got back to us till 6-24-04. Please waiver to penalty, due to your having all this paperwork early.

Rebecca King
Accountant