


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000012706</b> 1. Entity Name FLORIDA ATI, INC.	
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Principal Place of Business 1910 SEWARD AVE NAPLES, FL 34109	Mailing Address 1910 SEWARD AVE NAPLES, FL 34109
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3555843	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BONNESS, JOSEPH D III 1910 SEWARD AVE NAPLES, FL 34109
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP BONNESS, JOSEPH D III 1910 SEWARD AVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT KELLY, DANIEL J 1910 SEWARD AVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY- ST- ZIP	G JOHNSON, JOAN E 1910 SEWARD AVE NAPLES, FL 34109
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**DO NOT WRITE  
IN THIS SPACE**

0000000739223  
05/14/07-80017-011 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b>  <b>JOAN E JOHNSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-24-07</b> <b>2395972181</b> <small>Date Daytime Phone #</small>
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