

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000046219

1. Entity Name
ATLAS-LOX ROAD, INC.



Principal Place of Business
1660 NW 19 AVE
POMPANO BEACH, FL 33069

Mailing Address
1660 NW 19 AVE
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0929393

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 CASAGRANDE, JACK
STREET ADDRESS 1660 NW 19 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE P
NAME MARZANO, ANGELO
STREET ADDRESS 1660 NW 19 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VP
NAME MARZANO, DOMINICK JR.
STREET ADDRESS 1660 NW 19 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE S
NAME MARZANO, MICHAEL
STREET ADDRESS 1660 NW 19 AVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000636588
02/26/07-80026-004 150.00

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IN THIS SPACE**

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.

SIGNATURE:

JACK R. CASAGRANDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07
Date

954
543-9800
Daytime Phone