

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000046230

1. Entity Name
ATLAS-NAPLES, INC.



Principal Place of Business
1191 E. NEWPORT CTR. DRIVE
SUITE 103
DEERFIELD BEACH, FL 33442

Mailing Address
1191 E. NEWPORT CTR. DRIVE
SUITE 103
DEERFIELD BEACH, FL 33442



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0929883

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

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, 2004 Fee will be \$550.00

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

U000000089886
03/16/04-80007-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASAGRANDE, JACK
STREET ADDRESS	1191 E. NEWPORT CTR. DRIVE #103
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	MARZANO, MICHAEL
STREET ADDRESS	1191 E. NEWPORT CTR. DRIVE #103
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	MARZANO, DOMINICK
STREET ADDRESS	1191 E. NEWPORT CTR. DRIVE #103
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	S
NAME	MARZANO, ANGELO
STREET ADDRESS	1191 E. NEWPORT CTR. DRIVE #103
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 appointed; that I prepare 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 this report, for all officers, directors, and employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #