

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P99000046230

1. Entity Name
ATLAS-NAPLES, INC.



Principal Place of Business
1660 NW 19 AVE
POMPAÑO BEACH, FL 33065

Mailing Address
1660 NW 19 AVE
SUITE 103
POMPAÑO BEACH, FL 33065



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0929883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000852739
03/26/08-80040-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	CASAGRANDE, JACK
STREET ADDRESS	1660 NW 19 AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	P
NAME	ROBERTS, THOMAS
STREET ADDRESS	1660 NW 19 AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
TITLE	SD
NAME	MARZANO, PARTRICK
STREET ADDRESS	1660 NW 19 AVE
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JACK R. CASAGRANDE

DVP/V

3/5/08

643-9800