2008 FOR PROFIT CORPORATION ANNUAL REPORT

فتعيده باغسرة

DOCUMENT # P99000084003

FILED Apr 14, 2008 08:00 Al Secretary of State

1. Entity Name ATACO, II						
Principal Place		Mailing Address				
3027 DAVIS I Naples, Fl		3027 DAVIS BLVD. Naples, Fl. 34104				
				04102008 No Chg-P CR2	2E034 (11/05)	
DO NOT WRITE IN THIS SPA			ACE	4. FEI Number 65-0969057	Applied For Not Applicable	
	-			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent				
CANTISANI, ANTONIO A 329 BURNING TREE DR.				DO NOT WRITE IN THIS SPACE		
NAPLES, FL 34103						
	named entity submits this statement for ons of registered agent.	the purpose of changing its region	stered office or registe	red agent, or both, in the State of Florida. I	arn familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title d applicable. , (NOTE, Reg.	stered Agent signature require	d when reinstating) DA1	TE.	
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.0	9. Election Campaign F		.00 May Be jed to Fees	PRODUCT OF THE STATE OF THE STA	
10.,	OFFICERS AND I	DIRECTORS	— [,		.1	
TITLE NAME	DPST CANTISANI, ANTONIO A		ľ			
STREET ADDRESS	329 BURNING TREE DR.	•		grand the second		
CITY-ST-ZIP	NAPLES, FL 34103					

TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not adulty 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 accurage 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 secure 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 alteriate like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-08

239.775-9101.

Date

Daytime Phone #

U00000895209 04/24/08-80059-022 150.00