


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # J14714
1. Entity Name
ATON ENTERPRISES, INC.



| | |
|---|---|
| Principal Place of Business 2135 MAYFAIR WAY TITUSVILLE, FL 32796 | Mailing Address 2135 MAYFAIR WAY TITUSVILLE, FL 32796 |
|---|---|

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-2674078 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ATON, RICHARD L.
2135 MAYFAIR WAY
TITUSVILLE, FL 32796

**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 re-registering)

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ATON, RICHARD L. 2135 MAYFAIR WAY TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ATON, MARY LOU 2135 MAYFAIR WAY TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WILMS, DEBRA A. 2135 MAYFAIR WAY TITUSVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/08/06-80023-006 150.00

**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: Richard Lee Aton 1-28-06 321-267-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #