2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90352 045 ***150.00

DOCUMENT # P03000098612

1. Entity Name
ATKINS DESIGN CONSULTING, INC.

Principal Place of Business	Mailing Address
385 40TH COURT SW VERO BEACH FL 32968	385 40TH COURT SW VERO BEACH FL 32968

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
335 22ND AVE	PO BOX 2861
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BCH FL	City & State: VERO BCH, FL
Zip: 32961 Country: US	Zip: 32961 Country: US

4. FEI Number: 20-0241094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATKINS, JAMES R 385 40TH COURT SW VERO BEACH FL 32968	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004, Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, JAMES R ~~385 40TH COURT SW~~ ~~VERO BEACH FL 32968~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O. P. ATKINS, JAMES R PO BOX 2861 VERO BCH, FL 32961 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ________________________ 4.23.04 772 778 1579

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