## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000013977

Entity Name: ATWELL CENTER, INC.

Name:

Address:

City-St-Zip:

LERMA, MELISSA

NAPLES, FL 34112

6118 THRESHER DRIVE

FILED Feb 03, 2006 Secretary of State

•					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5647 NAP NAPLES, I	LES BLVD. FL 34109				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5647 NAP NAPLES, I	LES BLVD. FL 34109				
FEI Number	: 59-3563844	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BONITA S The above	e of Florida.	34135 US	e purpose of changing its registered	d office or registered agent, or both,	
		nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BILITZKE, PAT 27264 BUCCA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( WARREN, SHI 236 BENSON NAPLES, FL	ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICIA BILITZKE PSDT 02/03/2006