

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90392 002 ***150.00

DOCUMENT # 295227

1. Entity Name
THE A. T. R. CORPORATION



Principal Place of Business
**2119 WEST CENTRAL AVENUE
ORLANDO, FL 32805**

Mailing Address
**2119 WEST CENTRAL AVENUE
ORLANDO, FL 32805**

DO NOT WRITE IN THIS SPACE

01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1097500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BABCOCK, DAYTON A
2119 W CENTRAL BLVD
ORLANDO, FL 32805**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BABCOCK, DAYTON A
STREET ADDRESS	2119 W CENTRAL BLVD
CITY - ST - ZIP	ORLANDO, FL 32805
TITLE	S
NAME	BABCOCK, LATT A F.A.
STREET ADDRESS	1399 C R 753
CITY - ST - ZIP	WEBSTER, FL 33597
TITLE	VP
NAME	BABCOCK, KRISTINE M
STREET ADDRESS	33537 E LAKE JOANNA DR
CITY - ST - ZIP	EUSTIS, FL 32736
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 #

Kristine M. Babcock vice President 4/16/07 407-849-0400