


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 295227 1. Entity Name THE A. T. R. CORPORATION	
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Principal Place of Business 2119 WEST CENTRAL AVENUE ORLANDO FL 32805	Mailing Address 2119 WEST CENTRAL AVENUE ORLANDO FL 32805
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1097500	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BABCOCK, DAYTON A 2119 W CENTRAL BLVD ORLANDO FL 32805

7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> P BABCOCK, DAYTON A 2119 W CENTRAL BLVD ORLANDO FL 32805 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> S BABCOCK, LATTA 1399 C R 753 WEBSTER FL 33597 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> VP BABCOCK, KRISTINE M 33537 E LAKE JOANNA DR EUSTIS FL 32736 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> _____ _____ _____ </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	P BABCOCK, DAYTON A 2119 W CENTRAL BLVD ORLANDO FL 32805	<input type="checkbox"/> Delete	S BABCOCK, LATTA 1399 C R 753 WEBSTER FL 33597	<input type="checkbox"/> Delete	VP BABCOCK, KRISTINE M 33537 E LAKE JOANNA DR EUSTIS FL 32736	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
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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: <i>Kristine Babcock</i> V.P.	Date: <i>3/31/05</i>	Daytime Phone #: <i>407-849-0420</i>
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