

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 295227**  
 1. Entity Name  
**THE A. T. R. CORPORATION**



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



1st MOORE      CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip -      Country      Zip      Country

4. FEI Number      Applied For  
**59-1097500**       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**

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 obligation of registered agent.  
 SIGNATURE *Kristine Babcock* **Kristine Babcock Vice president** **4/7/08**  
Signature typed or printed name of officer or director and state if applicable. (NOTE: Registered Agent signature required when not a director)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust: Food Contribution     

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BABCOCK, DAYTON A	2119 W CENTRAL BLVD	ORLANDO FL 32805	<input type="checkbox"/>
S	BABCOCK-LOTTA, F.A.	1399 C R 753	WEBSTER FL 33597	<input type="checkbox"/>
VP	BABCOCK, KRISTINE M	33537 E LAKE JOANNA DR	EUSTIS FL 32736	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employees.

SIGNATURE: *Kristine Babcock* **Kristine Babcock V.P.**      **407-849-0400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date