

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 013 ***150.00

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1. Entity Name
ATOM, INC.



Principal Place of Business
10661 HABITAT TRAIL
BOKEELIA, FL 33922 US

Mailing Address
PO BOX 336
PINELAND, FL 33945 US



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1500827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SLAGLE, THOMAS E.
10661 HABITAT TRAIL
BOKEELIA, FL 33922

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
SLAGLE, THOMAS E.
10661 HABITAT TRAIL
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HOBBY, GERALD
18260 MATT RD
N. FT. MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AST
NEELD, ROBERT M., JR.
1426 SE 44TH ST.
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #