2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 08:00 AM Secretary of State **DOCUMENT # 693373** 1. Entity Name ATREX, INC. Principal Place of Business Mailing Address 175 INDUSTRIAL LOOP SOUTH ORANGE PARK FL 32073 175 INDUSTRIAL LOOP SOUTH ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 63-0754325 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRAFFORD, DAVID W. Street Address (P.O. Box Number is Not Acceptable) 175 INDUSTRIAL LOOP SOUTH **ORANGE PARK FL 32073** 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete nne U00000220948 □ Change 02/09/05-80012-006 150.00 Change Addition BRAFFORD, DAVID NAME NAME STREET ADDRESS 175 INDUSTRIAL LOOP SO STREET ADDRESS ORANGE PARK, FL 0 CITY ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ☐ Change ☐ Addition HILE NAME BRAFFORD, CHERYL NAME STREET ADDRESS 175 INDUSTRIAL LOOP SO STREET ADDRESS CITY-51-ZIP ORANGE PARK, FL 00000 CITY-St. ZIP HDF Delete titit ST ☐ Change Addition NAME NAME ETTINGER, SHANNON STREET ADDRESS STREET ADDRESS 175 INDUSTRIAL LOOP SO CITY ST-ZIP CITY-SI-ZIP ORANGE PARK, FL 0 THILE ☐ Delete THE Change Addition MUSSER, WILLIAM NAME NAME 175 INDUSTRIAL LOOP SO STREET ADDRESS STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete Ith F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED