

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 693373

1. Entity Name
ATREX, INC.



Principal Place of Business
**175 INDUSTRIAL LOOP SOUTH
ORANGE PARK, FL 32073**

Mailing Address
**175 INDUSTRIAL LOOP SOUTH
ORANGE PARK, FL 32073**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0754325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRAFFORD, DAVID W.
175 INDUSTRIAL LOOP SOUTH
ORANGE PARK, FL 32073**

**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
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRAFFORD, DAVID
STREET ADDRESS	175 INDUSTRIAL LOOP SO
CITY-ST-ZIP	ORANGE PARK, FL 0,
TITLE	V
NAME	BRAFFORD, CHERYL
STREET ADDRESS	175 INDUSTRIAL LOOP SO
CITY-ST-ZIP	ORANGE PARK, FL 00000,
TITLE	ST
NAME	ETTINGER, SHANNON
STREET ADDRESS	175 INDUSTRIAL LOOP SO
CITY-ST-ZIP	ORANGE PARK, FL 0,
TITLE	V
NAME	MUSSER, WILLIAM
STREET ADDRESS	175 INDUSTRIAL LOOP SO
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000568711
07/10/06-80004-015 150:00

**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

7/7/06 (904) 264-9086
Date Daytime Phone #