

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001851

1. Entity Name  
DON ATKINS ELECTRIC, INC.



Principal Place of Business  
1551 ESTUARY TRAIL  
DELRAY BEACH, FL 33483

Mailing Address  
1551 ESTUARY TRAIL  
DELRAY BEACH, FL 33483

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1950281

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ATKINS, DEDE  
1551 ESTUARY TRAIL  
DELRAY BEACH, FL 33483

**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 of person or persons authorized to register agent and file this report.

NOTE: Registered Agent Signature required when changing?

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | PT                     |
| NAME           | ATKINS, DON            |
| STREET ADDRESS | 1551 ESTUARY TRAIL     |
| CITY-STATE-ZIP | DELRAY BEACH, FL 33483 |
| TITLE          | VS                     |
| NAME           | ATKINS, DEDE           |
| STREET ADDRESS | 1551 ESTUARY TRAIL     |
| CITY-STATE-ZIP | DELRAY BEACH, FL 33483 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-STATE-ZIP |                        |

000000299981  
04/12/05-80001-022 150.00

**DO NOT WRITE  
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)(f), 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: X

*[Handwritten Signature]* 3/15/05