


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # H11612 1. Entity Name ATKINSON & ASSOCIATES INSURANCE, INC.	
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Principal Place of Business 1537 BRANTLEY ROAD BUILDING C FT MYERS, FL 33907 US	Mailing Address 1537 BRANTLEY ROAD #3 FT MYERS, FL 33908 US
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2480879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ATKINSON, OLIVER T., JR. 1537 BRANTLEY ROAD BLDG C FORT MYERS, FL 33907

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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 retreating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINSON, OLIVER T., JR. 1537 BRANTLEY ROAD BLDG C FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ATKINSON, OLIVER T III 1537 BRANTLEY ROAD BLDG C FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ATKINSON, PAUL GEORGE 1537 BRANTLEY ROAD BLDG C FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATKINSON, ANDREW C 1537 BRANTLEY ROAD BLDG C FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/30/06-80002-012 150.00

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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: Subrah K West DATE: 3-17-06 PHONE: 239 437 5555