

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H57965

FILED
Jan 05, 2005
Secretary of State

Entity Name: ATCHISON MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

415 W. MAGNOLIA AVE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

107 LAS PALMAS
MERRITT ISLAND, FL 32953

Current Mailing Address:

415 W. MAGNOLIA AVE
MERRITT ISLAND, FL 32952

New Mailing Address:

P O BOX 541014
MERRITT ISLAND, FL 32954 10

FEI Number: 59-2548178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATCHISON, GERALD K.
415 W. MAGNOLIA AVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

ATCHISON, GERALD K.
107 LAS PALMAS
MERRITT ISLAND, FL 32953 US

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.

SIGNATURE:

01/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ATCHISON, GERALD K.,
Address: 415 W. MAGNOLIA AVE.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TV () Delete
Name: ATCHISON, GEORGIA A.,
Address: 415 W. MAGNOLIA AVE.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: ATCHISON, DEAN J
Address: 245 PERTH
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA A ATCHISON

TV

01/05/2005

Electronic Signature of Signing Officer or Director

Date