

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93814

FILED
Apr 23, 2006
Secretary of State

Entity Name: ATKINS MORTGAGE CORPORATION

Current Principal Place of Business:

221 LONDENDERRY DR
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

221 LONDENDERRY DR
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-2637442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, BARBARA J
221 LONDENDERRY DR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMUELS, BARBARA J
Address: 221 LONDENDERRY DR
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: ATKINS, LILLIAN
Address: 221 LONDENDERRY DR
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: ATKINS, BRUCE S
Address: 300 LONDENDERRY DR
City-St-Zip: SARASOTA, FL 34240

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 Chapter 119, 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: BARBARA J SAMUELS

PD

04/23/2006

Electronic Signature of Signing Officer or Director

Date