


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90013 042 ***158.75

DOCUMENT # H97238

1. Entity Name
C. ATKERSON, INC.



Principal Place of Business
9471 BAYMEADOWS RD
~~#402403~~
JACKSONVILLE, FL 32256 US

Mailing Address
9471 BAYMEADOWS RD
~~#402403~~
JACKSONVILLE, FL 32256 US

54012458



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
59-2642002

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ATKERSON, CHRISTIE A.
~~3811 BLANDING BLVD.~~ **9471 Baymeadows Road #403**
JACKSONVILLE, FL 32240
32256

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKERSON, CHARLES F 9471 BAYMEADOS RD #403 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Attkerson, Charles F, Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9471 Baymeadows Road #403 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ATKERSON, CHRISTIE A. 3811 BLANDING BLVD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9471 Baymeadows Road #403 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERENA L WAKEFIELD 9471 BAY MEADOWS RD #403 JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9471 Baymeadows Road #403 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BIDLEMAN, LYNN S 9471 BAYMEADOWS ROAD. STE 402 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9471 Baymeadows Road, #403 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Serena Wakefield Serena Wakefield 2-26-04 904.739.2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #