

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # H97238

1. Entity Name
C. ATKERSON, INC.



Principal Place of Business
**9471 BAYMEADOW RD
#403
JACKSONVILLE, FL 32256 US**

Mailing Address
**9471 BAYMEADOW RD
#403
JACKSONVILLE, FL 32256 US**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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.
9471 BAYMEADOWS ROAD #403
JACKSONVILLE, FL 32256**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ATKERSON, CHARLES F
STREET ADDRESS 9471 BAYMEADOWS ROAD #403
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ST
NAME ATKERSON, CHRISTIE A.
STREET ADDRESS 9471 BAYMEADOWS ROAD #403
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE V
NAME SERENA L WAKEFIELD
STREET ADDRESS 9471 BAYMEADOWS ROAD #403
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE AVP
NAME BIDDLEMAN, LYNN S
STREET ADDRESS 9471 BAYMEADOWS ROAD #403
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000227285
02/12/05-80050-004 158.75

**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)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 904-739-2202
Date Daytime Phone #