

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # H97238

1. Entity Name
C. ATKERSON, INC.



Principal Place of Business

**8833 PERIMETER PARK BLVD. SUITE #1104
JACKSONVILLE, FL 32216 US**

Mailing Address

**8833 PERIMETER PARK BLVD. SUITE #1104
JACKSONVILLE, FL 32216 US**



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2642002

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ATKERSON, CHRISTIE A.
8833 PERIMETER PARK BLVD
1104
JACKSONVILLE, FL 32216**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ATKERSON, CHARLES F
STREET ADDRESS	8833 PERIMETER PARK BLVD STE 1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	ST
NAME	ATKERSON, CHRISTIE A.
STREET ADDRESS	8833 PERIMETER PARK BLVD STE 1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	SERENA L WAKEFIELD
STREET ADDRESS	8833 PERIMETER PARK BLVD 1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	AVP
NAME	BIDLEMAN, LYNN S
STREET ADDRESS	8833 PERIMETER PARK BLVD 1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	AST
NAME	BIDLEMAN, LYNN S
STREET ADDRESS	8833 PERIMETER PARK BLVD 1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000734957
05/10/07-80013-023 158.75

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

904-564-2252

Daytime Phone #