

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90053 040 \*\*\*150.00

DOCUMENT # J94078

1. Entity Name  
ATIC, INC.



Principal Place of Business  
% MARSHALL D. DAVIS, ESQ  
RT. 2, BOX 1500  
WILLACOOCHEE GA 31650

Mailing Address  
% MARSHALL D. DAVIS, ESQ  
RT. 2, BOX 1500  
WILLACOOCHEE GA 31650



2. Principal Place of Business - No P.O. Box #  
438 BOBBY MINCHEW LANE  
Suite, Apt. #, etc.

3. Mailing Address  
438 BOBBY MINCHEW LANE  
Suite, Apt. #, etc.  
WILLACOOCHEE, GA

1st MOORE CR2E034 (10/06)

City & State  
WILLACOOCHEE, GA  
Zip  
31650

City & State  
31650

4. FEI Number 59-2834798

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DAVIS, MARSHALL D., ESQ.  
233 E. BAY ST  
620 BLACKSTONE BLDG  
JACKSONVILLE FL 32202

## 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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MINCHEW, BOBBY L.  
STREET ADDRESS RT 2 BOX 1500  
CITY-STATE-ZIP WILLACOOCHEE GA 31650 ☐ Delete

TITLE DS  
NAME MINCHEW, LINDA  
STREET ADDRESS RT 2 BOX 1500  
CITY-STATE-ZIP WILLACOOCHEE GA 31650 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME Minchew Bobby L.  
STREET ADDRESS 438 BOBBY MINCHEW LANE  
CITY-STATE-ZIP WILLACOOCHEE, GA 31650 ☒ Change ☐ Addition

TITLE DS  
NAME Minchew, Linda  
STREET ADDRESS 438 BOBBY MINCHEW LANE  
CITY-STATE-ZIP WILLACOOCHEE, GA 31650 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Linda Minchew D.S.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07

Date

(912) 534-5389

Daytime Phone #