

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # K85373

1. Entity Name

JAMES D. ATKINSON, INC.



Principal Place of Business
2249 SW SALMON RD
PORT SAINT LUCIE FL 34983

Mailing Address
2249 SW SALMON RD
PORT SAINT LUCIE FL 34983

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0121009

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATKINSON, JAMES D.
2249 SW SALMON RD
PORT SAINT LUCIE FL 34983

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 (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 C
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME ATKINSON, JAMES D
STREET ADDRESS 2249 SW SALMON RD
CITY- ST- ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE D
NAME ATKINSON, JAMES D
STREET ADDRESS 2249 SW SALMON RD
CITY- ST- ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

TITLE VP
NAME ATKINSON, TRACIE
STREET ADDRESS 2249 SW SALMON RD
CITY- ST- ZIP PT ST LUCIE FL 34953 ☐ Delete

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02/02/07-80098-021 150.00

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:

JAMES D. ATKINSON PRES/FL/THU 1/29/07 772-336-0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #