
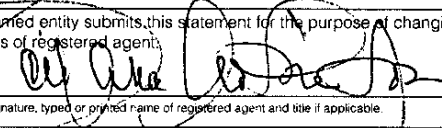
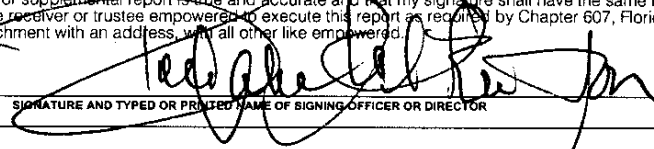


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90001 033 ***550.00

DOCUMENT # K86537 1. Entity Name ATKINSON REALTY GROUP, INC.			
Principal Place of Business 4230 ORTEGA BLVD. JACKSONVILLE, FL 32210		Mailing Address 4230 ORTEGA BLVD. JACKSONVILLE, FL 32210	
2. Principal Place of Business - No P.O. Box # 4230 Ortega Blvd		3. Mailing Address 4230 Ortega Blvd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32210		Zip 32210	
Country USA		Country 	
4. FEI Number 59-2946267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATKINSON, DORIANA 4230 ORTEGA BLVD. JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 45%; text-align: right;"> DATE: 6/9/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ATKINSON, DORIANA G. 1596 LANCASTER TERRACE JACKSONVILLE, FL 32204	<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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 6/9/08 <small>Daytime Phone #</small>	

ATTACHMENT

40107915

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Annual Report Online Filing

Document Number K86537Business Entity Name ATKINSON REALTY GROUP, INC.

- ☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 59 - 2946267

FEI Number Status ☐ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☐ No

Principal Place of Business

Address 4230 ORTEGA BLVD. (PO Box not acceptable)

Suite, Apt. #, etc. _____

City, State JACKSONVILLE, FLZip Code & Country 32210

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

- ☐ Mailing address same as principal address

Address 4230 ORTEGA BLVD.

Suite, Apt. #, etc. _____

City, State JACKSONVILLE, FLZip Code & Country 32210

Name And Address of Registered Agent

ATTACHMENT

40107915

K86537

Name (Last, First, Middle, Title) ATKINSON, DORIANA

- OR -

Business to serve as RA

Street Address In Florida 4230 ORTEGA BLVD. (PO Box not acceptable)

Suite, Apt. #, etc.

City, State JACKSONVILLE, FL

Zip Code & Country 32210 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title PD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director ATKINSON, DORIANA G.

Street Address 1596 LANCASTER TERRACE

City, State JACKSONVILLE, FL

Zip Code & Country 32204

Name And Address #2

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country