

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000026630**

1. Entity Name  
**ATOMIC INCORPORATED**



Principal Place of Business  
**1664 HIGHLAND AVENUE  
MELBOURNE, FL 32935**

Mailing Address  
**1664 HIGHLAND AVENUE  
MELBOURNE, FL 32935**



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3632217**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ADAMS, JAMES C  
1664  
HIGHLAND AVENUE  
MELBOURNE, FL 32935**

**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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, JAMES C 1664 HIGHLAND AVENUE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ADAMS, PATRICIA A 1664 HIGHLAND AVENUE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/02/04-80004-008 150.00

**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:** JAMES C ADAMS **JAMES C. ADAMS** 6-30-04 321-259-6531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #