
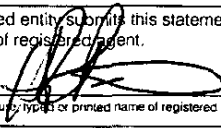
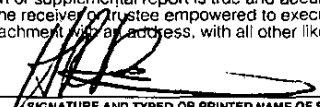


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90252 023 \*\*\*150.00

<b>DOCUMENT # P00000115912</b>					
<b>1. Entity Name</b> ATR INVESTMENTS, INC.					
<b>Principal Place of Business</b> 515 5TH ST., SW WINTER HAVEN, FL 33880			<b>Mailing Address</b> 515 5TH ST., SW WINTER HAVEN, FL 33880    US		
<b>2. Principal Place of Business</b> 5754 SR 542 West		<b>3. Mailing Address</b> 5754 SR 542 West			
Suite, Apt. #, etc. <b>Suite #4</b>		Suite, Apt. #, etc. <b>Suite #4</b>			
City & State Winter Haven, FL		City & State Winter Haven, FL			
Zip 33880	Country USA	Zip 33880	Country USA	04152005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3696861				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HANCOCK, TRINA 4444 WALD IN WATER ROAD LAKE WALES, FL 33898			<b>7. Name and Address of New Registered Agent</b> Name Harold R, Baxter Street Address (P.O. Box Number is Not Acceptable) 5754 SR 542 West Suite #4 City Winter Haven    FL    Zip Code 33880		
<b>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.</b>  SIGNATURE:  DATE: 4-15-05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANCOCK, TRINA 4444 WALK IN WATER RD LAKE WALES, FL 33898 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Trina Baxter Hancock 5754 SR 542 West Suite#4 Winter Haven, FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BAXTER, HAROLD R 515 5TH ST., SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harold R, Baxter 5754 SR 542 West Suite#4 Winter Haven, FL 33880 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 all other like empowered.</b>					
<b>SIGNATURE:</b> 			President    4-15-05    863 965 0011		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		

50041678

