

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90045 007 \*\*\*150.00

**20021444**



<b>DOCUMENT # P00000117868</b>					
1. Entity Name <b>ATKINSON SUPPLY COMPANY, INC.</b>					
Principal Place of Business <b>1235 HAMILTON ST. JACKSONVILLE, FL 32205</b>			Mailing Address <b>1235 HAMILTON ST. JACKSONVILLE, FL 32205</b>		
2. Principal Place of Business <b>182 White Oak Dr</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>182 White Oak Dr</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>Crawfordville</b>			City & State <b>Crawfordville</b>		
Zip <b>32327</b>		Country <b>WAKULLA</b>		Zip <b>32327</b>	
		Country <b>WAKULLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ATKINSON, BETTY K 1235 HAMILTON ST. JACKSONVILLE, FL 32205</b>				7. Name and Address of New Registered Agent  Name <b>Betty K ATKINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>182 White Oak Dr</b>  City <b>Crawfordville</b> <b>FL</b> Zip Code <b>32327</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.  SIGNATURE: <u><i>Betty K. Atkinson Bookkeeper/Secretary</i></u> <u><i>3-14-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ATKINSON, WILLIAM D 1235 HAMILTON ST. JACKSONVILLE, FL 32205	<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	DST ATKINSON, BETTY K 1235 HAMILTON ST. JACKSONVILLE, FL 32205	<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	
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	
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: <u><i>Betty K. Atkinson Bookkeeper/Secretary</i></u> <u><i>3-14-05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

850-926-3194