

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90031 011 \*\*\*150.00

DOCUMENT # P01000076151	
1. Entity Name ATLA, INC.	

Principal Place of Business 2521 MAHAN DR. TALLAHASSEE, FL 32308	Mailing Address 2521 MAHAN DR. TALLAHASSEE, FL 32308
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94059791



2. Principal Place of Business 3666 Weems Rd Suite, Apt. #, etc.	3. Mailing Address 123 Braswell Passage Suite, Apt. #, etc.
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01142004 Chg-P CR2E034 (10/03)

City & State Tallahassee, FL	City & State Thomasville, GA	4. FEI Number 59-3736308	Applied For Not Applicable
Zip 32317	Country USA	Zip 31792	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MICKLER, KEITH 2521 MAHAN DR. TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name: KEITH MICKLER Street Address (P.O. Box Number is Not Acceptable): 3666 Weems Rd City: Tallahassee FL Zip Code: 32317
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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: Keith Mickler DATE: 4/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICKLER, CANDICE 123 BRASWELL PASSAGE THOMASVILLE, GA 31792 <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
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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: Candice Mickler DATE: 4/19/04 DAYTIME PHONE #: 850-877-3988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR