

PO40000014612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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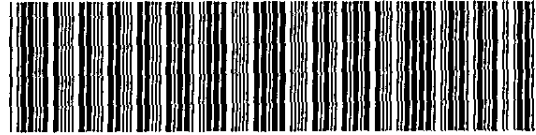
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATKINSON ENTERPRISES OF COLLIER COUNTY, INC

(Name of Corporation)

DOCUMENT NUMBER: P04000014612

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL T. ATKINSON

(Name of Person)

ATKINSON ENTERPRISES OF COLLIER COUNTY

(Name of Firm/Company)

501 GOODLETTE ROAD N, D-100

(Address)

NAPLES, FLORIDA, 34102-5666

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL T. ATKINSON

(Name of Person)

at (239) 777-1712

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MICHAEL ATKINSON, hereby resign as PRESIDENT
(Title)

of ATKINSON ENTERPRISES OF COLLIER COUNTY, INC
(Name of Corporation)

P04000014612, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Signature Michael Atkinson 9/21/04
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314