
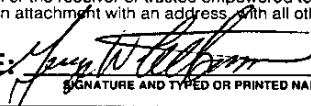


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90134 018 \*\*\*550.00

<b>DOCUMENT # P04000051181</b> 1. Entity Name <b>ATKINSON &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>6710 COLLINS RD., APT. 1409 JACKSONVILLE, FL 32244</b>			Mailing Address <b>P.O. BOX 56871 JACKSONVILLE, FL 32241-6871</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0905882</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEAS, MICHAEL R ONE INDEPENDENT DR., STE. 2600 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</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	D <b>ATKINSON, GEORGE W 6710 COLLINS RD., APT. 1409 JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S/T Atkinson, George W 6710 Collins Rd., Apt. 1409 Jacksonville, FL 32244</b> <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	
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.					
<b>SIGNATURE:</b> 			<b>George W. Atkinson</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

50 de 498-3  
#P04000051181

JOHN S. BALL\*  
ROBERT A. DAWKINS\*  
MICHAEL W. FISHER\*\*  
BEVERLY H. FURTICK\*  
MARVIN C. KLOEPPPEL

JOHN E. LAWLOR, III\*  
MICHAEL R. LEAS\*  
ROBERT N. MILLER  
J. JACOB R. PEEK\*  
MARY A. ROBISON°

KATIE A. SLAYTON  
CLAY B. TOUSEY, JR.\*  
SHANNON P. VALENTINE  
KRISTA L. WALDRON



PLEASE REPLY TO: JACKSONVILLE OFFICE  
www.fishertousey.com

**FISHER, TOUSEY, LEAS & BALL**  
ATTORNEYS AT LAW

September 1, 2005

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Atkinson & Associates, Inc.

To Whom It May Concern:

On behalf of our client, Atkinson & Associates, Inc., enclosed please find the 2005 Annual Report. Also enclosed is check number 1006 made payable to Florida Department of State for \$550.00.

Please feel free to contact me if you have any questions.

Sincerely,

Steven E. Marshall  
Paralegal

Enclosures  
105778