

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033953

FILED  
Mar 20, 2007  
Secretary of State

Entity Name: ATCHISON INSURANCE, INC.

## Current Principal Place of Business:

1865 N WICKHAM ROAD  
SUITE B  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

1865 N WICKHAM ROAD  
SUITE B  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 20-2555493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATCHISON, WADE  
2798 PEMBROKE ROAD  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

ATCHISON, WADE  
1849 ONTARIO CIRCLE SOUTH  
MELBOURNE, FL 32935 US

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.

SIGNATURE: WADE A. ATCHISON

03/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ATCHISON, WADE  
Address: P.O. BOX 410244  
City-St-Zip: MELBOURNE, FL 32941 US

Title: VP ( ) Delete  
Name: ATCHISON, TRACY  
Address: P.O. BOX 410244  
City-St-Zip: MELBOURNE, FL 32941 US

Title: S ( ) Delete  
Name: ATCHISON, TRACY  
Address: P.O. BOX 410244  
City-St-Zip: MELBOURNE, FL 32941 US

Title: T ( ) Delete  
Name: ATCHISON, TRACY  
Address: P.O. BOX 410244  
City-St-Zip: MELBOURNE, FL 32941 US

Title: DIR ( ) Delete  
Name: ATCHISON, WADE  
Address: P.O. BOX 410244  
City-St-Zip: MELBOURNE, FL 32941 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE A. ATCHISON

P

03/20/2007

Electronic Signature of Signing Officer or Director

Date