## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 25, 2007 08:00 AM **Secretary of State** DOCUMENT # P05000081393 1. Entity Name ROBERT E ATKINSON JR. INC. Principal Place of Business Mailing Address 131 ANARECE AVENUE 131 ANARECE AVENUE AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 CR2E034 (11/05) 07232007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2967795 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATKINSON, ROBERT E JR DO NOT WRITE 131 ANARECE AVENUE AUBURNDALE, FL 33823 IN THIS SPACE 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. U00000770462 07/25/07-80004-020 150.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE ATKINSON, ROBERT E JR NAME 131 ANARECE AVENUE STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP BILE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 the empowered.

CICMATURE.

NAME STREET ADDRESS CITY-ST-ZIP

MO JULY MICHAEL OR DERECTOR DAME OF SIGNING OFFICER OR DIRECTOR

\* 7-23-07 \* 8/3-387-920

FILED