


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000077801 |  |
| 1. Entity Name A.T.O.M. INVESTMENTS, INC. | |

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|--|--|
| Principal Place of Business 600 NE SANTA FE BLVD HIGH SPRINGS, FL 32643 US | Mailing Address P.O. BOX 833 FORT WHITE, FL 32038 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3275278 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MINK, LAURENCE W.
21548 S. HW. 41
HIGH SPRINGS, FL 32643**

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 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

| | |
|--------------------|-----------------------------------|
| TITLE P | MINK, LAURENCE W |
| NAME | 21548 S. HW. 41 |
| STREET ADDRESS | HIGH SPRINGS, FL 32643 |
| CITY-ST-ZIP | |
| TITLE VP | SIMMERMAN, BONNIE F. |
| NAME | 11601 MILLER ROAD |
| STREET ADDRESS | GAINESVILLE, FL 48436 |
| CITY-ST-ZIP | |
| TITLE VP | BECHLER, K.A |
| NAME | 10070 DUTCH SETTLEMENT RD. |
| STREET ADDRESS | MARCELLUS, MI 49067 |
| CITY-ST-ZIP | |
| TITLE VP | MINK, LAURENCE M |
| NAME | 22127 US 441 LOT 7 |
| STREET ADDRESS | HIGH SPRINGS, FL 32643 |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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01/11/05-80003-009 150.00

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 Laurence W. Mink 1-06-05 386-454-1047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAURENCE W. MINK