

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90077 047 ***150.00

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1. Entity Name

A.T.O.M. INVESTMENTS, INC.



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3275278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MINK, LAURENCE W
STREET ADDRESS 21548 S. HW. 41
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☒ Change ☐ Addition
NAME 21458
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SIMMERMAN, BONNIE F.
STREET ADDRESS 11601 MILLER ROAD
CITY-ST-ZIP GAINESVILLE FL 48436

TITLE ☒ Change ☐ Addition
NAME MORGENTHAU, BONNIE F.
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BECHLER, K.A.
STREET ADDRESS 10070 DUTCH SETTLEMENT RD.
CITY-ST-ZIP MARCELLUS MI 49067

TITLE ☒ Change ☐ Addition
NAME 360 E. 660 N.
STREET ADDRESS FREMONT, IN. 46737
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME MINK, LAURENCE M
STREET ADDRESS 22127 US 441 LOT 7
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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* LAURENCE W. MINK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-06 386-454-1047

Date

Daytime Phone #