

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90558 018 ***150.00

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03142005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000081578											
1. Entity Name ATWELL CONTRACT PROGRAMING AND CONSULTING SERVICES, INC.											
Principal Place of Business 603 BENJULYN CANTONMENT, FL 32533			Mailing Address PMB 364 40 W. NINE MILE RD., #2 PENSACOLA, FL 32534								
2. Principal Place of Business 10378 Holsberry Dr.		3. Mailing Address 10378 Holsberry Dr.									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-3335082							
Zip 32534		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.							
6. Name and Address of Current Registered Agent VAN MATRE, CARYN A 213 SO. ALCANIZ STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)		City	<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>										
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)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	ATWELL, OSCAR		NAME	10378 Holsberry Dr.							
STREET ADDRESS	603 BEJULYN		STREET ADDRESS	Pensacola, FL 32534							
CITY - ST - ZIP	CANTONMENT, FL 32533		CITY - ST - ZIP								
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	ATWELL, BETTY		NAME	10378 Holsberry Dr.							
STREET ADDRESS	603 BENJULUN		STREET ADDRESS	Pensacola, FL 32534							
CITY - ST - ZIP	CANTONMENT, FL 32533		CITY - ST - ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY - ST - ZIP			CITY - ST - ZIP								
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/15/05 850-857-8888 Date Daytime Phone #								