

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90042 023 \*\*\*150.00

<b>DOCUMENT # P96000034684</b> 1. Entity Name <b>ATKINS BROTHERS, INC.</b>					
Principal Place of Business 1705-A JIM REDMAN PKWY PLANT CITY, FL 33566 US			Mailing Address 605 TOMAHAWK TRAIL BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>11426 CAMBRAY CREEK LOOP</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>RIVERVIEW FL</b>		4. FEI Number <b>59-3400801</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>33569-3925</b>		<b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ATKINS, REGINALD M</b> <b>605 TOMAHAWK TRAIL</b> <b>BRANDON, FL 33511</b>			7. Name and Address of New Registered Agent Name <b>SAME (ADDRESS CHANGE ONLY)</b> Street Address (P.O. Box Number is Not Acceptable) <b>11426 CAMBRAY CREEK LOOP</b> City <b>RIVERVIEW</b> <b>FL</b> Zip Code <b>33569-3925</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINS, REGINALD 605 TOMAHAWK TRAIL BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(ADDRESS CHANGE ONLY)</b> <b>11426 CAMBRAY CREEK LOOP</b> <b>RIVERVIEW FL 33569-3925</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: 		2/13/07		(813)754-3258	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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