

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013977

Entity Name: ATWELL CENTER, INC.

FILED  
Feb 10, 2005  
Secretary of State

## Current Principal Place of Business:

5647 NAPLES BLVD.  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

5647 NAPLES BLVD.  
NAPLES, FL 34109

## New Mailing Address:

FEI Number: 59-3563844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BILITZKE, PATRICIA  
27264 BUCCANEER DRIVE  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: BILITZKE, PATRICIA  
Address: 27264 BUCCANEER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V ( ) Delete  
Name: WARREN, SHELLY  
Address: 236 BENSON ST.  
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete  
Name: LERMA, MELISSA  
Address: 6118 THRESHER DRIVE  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIABILITZKE

PDST

02/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date