


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S27600</b> 1. Entity Name ATKINSON GROUP INSURANCE, INC.	
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Principal Place of Business 5 BREEZE STREET GULF BREEZE, FL 32561 US	Mailing Address PO BOX 220 GULF BREEZE, FL 32562
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<b>DO NOT WRITE IN THIS SPACE</b>
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03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3045753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  ATKINSON, KENNETH W 5 BREEZE STREET GULF BREEZE, FL 32561
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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)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, KENNETH W 5 BREEZE STREET GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATKINSON, ANNIE S 5 BREEZE STREET GULF BREEZE, FL 32561
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04/19/07-80041-021 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>3-29-07</b> <small>Daytime Phone #</small>