

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000374

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: ATLANTIS HEATING & AIR, INC.

**Current Principal Place of Business:**

5561 CARSO TERRACE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

5561 CARSO TERRACE  
NORTH PORT, FL 34286

**New Mailing Address:**

FEI Number: 26-1651775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEONI, MICHAEL S  
5561 CARSO TERRACE  
NORTH PORT, FL 34286      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: P ( ) Delete  
Name: LEONI, MICHAEL S  
Address: 5561 CARSO TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete  
Name: BERG, RYAN C  
Address: 4152 CENTRAL SARASOTA PKWY #721  
City-St-Zip: SARASOTA, FL 34238

Title: S ( ) Delete  
Name: ARTERS, MIKE  
Address: 4152 CENTRAL SARASOTA PKWY #721  
City-St-Zip: SARASOTA, FL 34238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: ARTERS, MIKE  
Address: 9415 CRABTREE LN  
City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL S. LEONI

P

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date