## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99076

Entity Name: ATLAS SWIMMING POOLS, INC.

FILED Jul 09, 2005 Secretary of State

| Current Principal Place of Business: | <b>New Principal Place of Business:</b> |
|--------------------------------------|---|
|--------------------------------------|---|

1825 7TH AVENUE NORTH LAKE WORTH, FL 33461

Current Mailing Address: New Mailing Address:

1825 7TH AVENUE NORTH LAKE WORTH, FL 33461

FEI Number: 59-2226115 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KOVNER, SIDNEY

1825 7TH AVENUE NORTH

139 ISLE VERDE WAY

1AKE WORTH EL 33461 LIS

PAI M REACH GARDENS E

LAKE WORTH, FL 33461 US PALM BEACH GARDENS, FL 33418 US

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: SIDNEY KOVNER 07/09/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:KOVNER, SIDNEY,Name:SIDNEY KOVNER,Address:113 EBBTIDE DRIVEAddress:139 ISLE VERDE WAY

City-St-Zip: NORTH PALM BEACH, FL City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ST ( ) Delete Title: VP (X) Change ( ) Addition Name: HORING, ALVIN, Name: ALVIN HORING,

Address: 122 JEFFREY LANE Address: 505 SOUTHERN BLVD.
City-St-Zip: OCEANSIDE, NY City-St-Zip: EAST MARION, NY 11939

Title: SEC ( ) Change (X) Addition

Name: Name: ELEANOR KOVNER,
Address: Address: 139 ISLE VERDE WAY

City-St-Zip: City-St-Zip: PALM BEACH GARDENS, FL 33418

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: SIDNEY KOVNER PRES 07/09/2005