

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G99488

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: ATLANTIS AIR CONDITIONING CORP.

**Current Principal Place of Business:**

1124 NORTH G STREET  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1124 NORTH G STREET  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 59-2380821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARCHBOLD, KEITH E  
187 VASSAR DR  
LAKE WORTH, FL 33460 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: DPS ( ) Delete  
Name: ARCHBOLD, KEITH E  
Address: 187 VASSAR DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: DVT ( ) Delete  
Name: MEVE, JEAN A  
Address: 230 POTTER ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405

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

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 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: JEAN A. MEVE

VP

03/10/2008

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

\_\_\_\_\_  
Date