
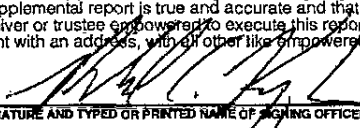


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000093069 1. Entity Name ATLANTIS ART GLASS STUDIO, INC.		
Principal Place of Business. 7046 FISHER STREET ORLANDO, FL 32835	Mailing Address 7046 FISHER STREET ORLANDO, FL 32835	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEMBERGER, JOHN ESQ. 4853 S. ORANGE AVE SUITE C ORLANDO, FL 32806		DO NOT WRITE IN THIS SPACE
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 retesting)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEPPLER, RICHARD C 7046 FISHER STREET ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 <u>1-17-05</u> Daytime Phone # <u>407-896-9116</u>



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3744073

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fees Required

U00000189293
01/24/05-80090-019 150.00

**DO NOT WRITE
IN THIS SPACE**