

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000073632	
1. Entity Name ATLANTIS GROUP INVESTMENT CORPORATION	

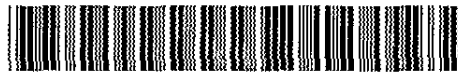
Principal Place of Business 1648 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	Mailing Address 1648 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)	
4. FEI Number 59-2367705	Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PASS, KATHERINE 1648 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	
Name	
Street Address (P O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BESSETTE, DAVID L	NAME	
STREET ADDRESS	5155 NW PALMETTO AVENUE	STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL 34982	CITY - ST - ZIP	
TITLE	VPSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BESSETTE, PAMELA S	NAME	
STREET ADDRESS	5155 NW PALMETTO AVENUE	STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL 34982	CITY - ST - ZIP	
TITLE	VPTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PASS, KATHRINE	NAME	
STREET ADDRESS	3105 SE CARD TERRACE	STREET ADDRESS	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34984	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: <i>Pamela A. Besette</i> PAMELA BESSETTE	3/1/04	772 335 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #