

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000078226</b>	
1. Entity Name ATLANTIS INVESTMENTS AND REMODELING, INC.	
Principal Place of Business 425 SOUTH CHICKASAW TRAIL SUITE 196 ORLANDO, FL 32825	Mailing Address 425 SOUTH CHICKASAW TRAIL SUITE 196 ORLANDO, FL 32825
<b>DO NOT WRITE IN THIS SPACE</b>	



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0732616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HANZE, JULIO SR 7341 SHADOW PINAR CT. ORLANDO, FL 32825
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000143335 04/30/04-80088-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANZE, JULIO 1710 BILLINGSHURTS CT ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANZE, FOLKER J 1710 BILLINGSHURTS CT ORLANDO, FL 32821
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IN THIS SPACE**

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:** *Julio Hanze* **JULIO HANZE** 04/25/04 (407) 509-1018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if