

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90470 027 ***150.00

DOCUMENT # P03000009122 1. Entity Name ATLANTIS ARTISANS, INCORPORATED			
Principal Place of Business 500 S 16TH ST. FERNANDINA BEACH, FL 32034		Mailing Address 1315 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034	
2. Principal Place of Business - No P.O. Box # 2815 SCRUB JAY LN		3. Mailing Address P.O. Box 16591	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State AMELIA ISLAND, FL		City & State AMELIA ISLAND FL	
Zip 32035		Zip 32035	
Country 		Country 	
4. FEI Number 55-0816373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUCHMAN, TOM 1315 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name BRUCHMAN, Tom Street Address (P.O. Box Number is Not Acceptable) 2815 SCRUB JAY LN City AMELIA ISLAND FL Zip Code 32035	
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 Tom BRUCHMAN 4/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCHMAN, TOM <input type="checkbox"/> Delete 1315 SOUTH FLETCHER AVENUE FERNANDINA BEACH, FL 32034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRUCHMAN, Tom <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2815 SCRUB JAY LN AMELIA ISLAND, FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tom BRUCHMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date (904) 321-0161 <small>Daytime Phone #</small>	