

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014792

FILED
Jan 25, 2006
Secretary of State

Entity Name: ATLANTIS POOLS & SPAS OF SARASOTA, INC.

Current Principal Place of Business:

3508 E. LAUREL ROAD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

3508 E. LAUREL ROAD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 02-0674153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, CRAIG W
3508 E. LAUREL ROAD
NOKOMIS, FL 34275 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: D () Delete
Name: ABBOTT, CRAIG W
Address: 6930 SW AIRBOAT DRIVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: ABBOTT, MICHAEL L
Address: 6960 SW AIRBOAT DRIVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: STORTZ, EARL R
Address: 5328 DOMINICA CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ANGELA DYCHES, CPA

CPA

01/25/2006

Electronic Signature of Signing Officer or Director

Date