

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90019 004 ***150.00

DOCUMENT # P03000020346

1. Entity Name
ATLANTIS INSURANCE AGENCY INC.



Principal Place of Business
**8946 STATE ROAD 52
BAYONET POINT, FL 34667 US**

Mailing Address
**8946 STATE ROAD 52
BAYONET POINT, FL 34667 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-P CR2E034 (12/06)

4. FEI Number

56-2322497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PSETAS, GEORGE
10816 U.S. HIGHWAY 19 NORTH
SUITE 105
PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name **NICHOLAS RUVELAS**

Street Address (P.O. Box Number is Not Acceptable)

8946 STATE ROAD 52

City **BAYONET POINT**

FL

Zip Code **34667**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when name is changed)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
RUVELAS, NICHOLAS P
8811 WHISPERING OAKS TRAIL
NEW PORT RICHEY, FL 34654**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
RUVELAS, CHRIS
8811 WHISPERING OAKS TRAIL
NEW PORT RICHEY, FL 34654**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NICHOLAS RUVELAS
PRESIDENT**

4-19-07 727-863-2479

Date

Daytime Phone #