

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2008 8:00 am
Secretary of State

07-02-2008 90001 028 ***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		Country		4. FEI Number 56-2322497	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUVELAS, NICHOLAS 8946 STATE ROAD 52 BAYONET POINT, FL 34667				7. Name and Address of New Registered Agent Name NICHOLAS P. RUVELAS Street Address (P.O. Box Number is Not Acceptable) 8946 STATE RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUVELAS, NICHOLAS P 8811 WHISPERING OAKS TRAIL NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUVELAS, CHRIS 8811 WHISPERING OAKS TRAIL NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6-27-08 727-863-2479 <small>Date Daytime Phone #</small>	

40109423



06102008 Chg-P CR2E034 (12/06)

ATTACHMENT

40109423

P03000020346

⁶⁻²⁷⁻⁰⁸
This is to replace
previous sent on 4-7-08
which appears to have
gotten lost.
OK per Russell

Thank you

Nick R.

