


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90054 025 \*\*\*150.00

<b>DOCUMENT # P03000113040</b> 1. Entity Name ATLANTIS POOL CARE, INC.			
Principal Place of Business 4342 S ATLANTIC AVENUE PONCE INLET, FL 32127		Mailing Address 4342 S ATLANTIC AVENUE PONCE INLET, FL 32127	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1515 Ridgewood Ave A	
City & State Holly Hill FL		City & State Holly Hill FL	
Zip 32117		Zip 32117	
Country Volusia		Country Volusia	
4. FEI Number 86-1085204		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 MIALKI, DENNIS J 4342 S ATLANTIC AVENUE PONCE INLET, FL 32127		7. Name and Address of New Registered Agent Name: JOE Loquidice Street Address (P.O. Box Number is Not Acceptable): 1515 Ridgewood Ave A City: Holly Hill FL Zip Code: 32117	
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: JOE Loquidice JY DATE: 7/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		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.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MIALKI, DENNIS J 4342 S ATLANTIC AVENUE PONCE INLET, FL 32127	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 7/22/05 (386) 299-6177 Daytime Phone #	