

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90224 028 \*\*\*150.00

DOCUMENT # *P04000001614*

1. Entity Name

*Atlas Yacht Service, Inc*



Principal Place of Business

125 E. MERRITT ISLAND CSWY # 209-316  
MERRITT ISLAND, FL 32952 US

Mailing Address

125 E. MERRITT ISLAND CSWY # 209-316  
MERRITT ISLAND, FL 32952 US

**50052277**



**DO NOT WRITE IN THIS SPACE**

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number

20-0551961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEMOLE, DENNIS  
125 E MERRITT ISLAND CSWY # 209-316  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DEMOLE, DENNIS  
STREET ADDRESS 125 E. MERRITT ISLAND CSWY # 209-316  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE C,P  
NAME DEMOLE, DENNIS  
STREET ADDRESS 125 E. MERRITT ISLAND CSWY # 209-316  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE T,S  
NAME DEMOLE, DENNIS  
STREET ADDRESS 125 E. MERRITT ISLAND CSWY # 209-316  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D,VP  
NAME HUGHES, RICK  
STREET ADDRESS 125 E. MERRITT ISLAND CSWY # 209-316  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D  
NAME DEMOLE, TIMM  
STREET ADDRESS 2005 BANNA DR.  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D  
NAME HUGHES, LESTER  
STREET ADDRESS 2230 QUEEN ANN ST.  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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IN THIS SPACE**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-1-05 321-961-2222*

Date

Daytime Phone #