

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90041 038 ***158.75

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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



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

790 Mullet Rd.

3. Mailing Address

790 Mullet Rd.

Suite, Apt. #, etc.

Suite 35

Suite, Apt. #, etc.

Suite 35

City & State

Cape Canaveral

City & State

Cape Canaveral

Zip

32920

Country

Brevard

Zip

32920

Country

Brevard

1st MOORE

CR2E034 (10/07)

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 fee applicable.

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME Dennis Boudreaux
STREET ADDRESS 12 Berlington
CITY-ST-ZIP Rockledge, FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dennis Demole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-08 321-9612222