

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001614

Entity Name: ATLAS YACHT SERVICE, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

790 MULLET RD
SUITE 35
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

790 MULLET RD
SUITE 35
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 20-0551961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEMOLE, DENNIS
Address: 125 E. MERRITT ISLAND CSWY # 209-316
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: C,P () Delete
Name: DEMOLE, DENNIS
Address: 125 E. MERRITT ISLAND CSWY # 209-316
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: T,S () Delete
Name: DEMOLE, DENNIS
Address: 125 E. MERRITT ISLAND CSWY # 209-316
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D,VP () Delete
Name: HUGHES, RICK
Address: 125 E. MERRITT ISLAND CSWY # 209-316
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D (X) Delete
Name: DEMOLE, TIMM
Address: 2005 BANNA DR.
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D () Delete
Name: BOUDREEAUX, DENNIS
Address: 12 BERLINGTON
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS DEMOLE

D,P

04/29/2009

Electronic Signature of Signing Officer or Director

Date