

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90280 017 ***150.00

DOCUMENT # P04000147454

1. Entity Name
ATLANTIS CAPITAL INVESTMENTS INC.



Principal Place of Business
**210 PARK PLACE - STE 206
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**210 PARK PLACE - STE 206
ALTAMONTE SPRINGS, FL 32701**

14010834



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
**201 Park Place, Ste #206
Altamonte Springs, FL 32701**

Suite, Apt. #, etc.
**201 Park Place, Ste #206
Altamonte Springs, FL 32701**

03072005 Chg-P CR2E034 (10/03)

Zip Country
SEMINOLE

Zip Country
SEMINOLE

4. FEI Number
38-3711879

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONNER, CHRIS
210 PARK PLACE - STE 206
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

Name
CONNER, CHRIS
Street Address (P.O. Box Number is Not Acceptable)
**201 Park Place, Ste #206
Altamonte Springs, FL 32701**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D CONNER, CHRIS
210 PARK PLACE - STE 206
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P CONNER, CHRIS
201 Park Place, Ste #206
Altamonte Springs, FL 32701** ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE: **CHRIS CONNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cell 321-303-7302
Office 407-767-2500