

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

02-08-2008 90032 006 ***150.00

DOCUMENT # P05000092670 1. Entity Name ATLANTIS DRYWALL IV, INC.					
Principal Place of Business 152 BAYWOOD AVENUE LONGWOOD FL 32750			Mailing Address 152 BAYWOOD AVENUE LONGWOOD FL 32750		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 04-3819857				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent THIBAUTT, DAVID 152 BAYWOOD AVE LONGWOOD FL 32750			7. Name and Address of New Registered Agent Name DAVID Thibault 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 <u><i>David Thibault</i></u> DATE _____ Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when submitting)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIBAUTT, DAVID 152 BAYWOOD AVENUE LONGWOOD FL 32750	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAVAGE, CHRISTOPHER 152 BAYWOOD AVENUE LONGWOOD FL 32750	☒ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
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: <u><i>David Thibault</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					