

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013428

FILED
Mar 19, 2009
Secretary of State

Entity Name: ATLASS INSURANCE MERRITT ISLAND, INC.

Current Principal Place of Business:

26 OLEANDER ST.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1300 SE 17TH ST., STE 220
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-3224237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, WALTER L
633 S. FEDERAL HIGHWAY
SUITE 400A
FORT LAUDERDALE, FL 33301 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: PD () Delete
Name: ATLASS, FRANK
Address: 1300 SE 17TH ST., STE. 220
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: TDVP () Delete
Name: OKONSKI, JAMES A
Address: 1300 SE 17TH ST., STE. 220
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: SD () Delete
Name: ATLASS, SALLY K
Address: 1300 SE 17TH ST., STE. 220
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: VP () Delete
Name: JAMIESON, RUSSELL L
Address: 1300 SE 17TH STREET, SUITE 220
City-St-Zip: FORT LAUDERDALE, FL 33316 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:

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: JAMES A. OKONSKI

TDVP

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date