

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000018306

1. Entity Name  
ATLANTIS BOAT SERVICE, INC.



Principal Place of Business  
7800 WEST OAKLAND PARK  
BLDG. "G"  
FORT LAUDERDALE, FL 33351

Mailing Address  
7800 W. OAKLAND PARK  
BLDG "G"  
SUNRISE, FL 33351 US

FILED

06 APR 27 AM 11:16

STATE  
TALLAHASSEE, FLORIDA



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0479049  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLEN, JOSEPH P  
2419 E COMMERCIAL BLVD  
SUITE 302  
FT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CRUCHET, THIERRY  
STREET ADDRESS CAPITAINE, MACCH ONE ONE PORT ST TROPEZ  
CITY-ST-ZIP ST. TROPEZ, FRANCE.

TITLE T  
NAME LAPIERRE, REJEAN  
STREET ADDRESS 7800 W OAKLAND PARK BLVD. BLDG.G  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

000074149230  
05/08/06--01015--016 \*\*300.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REJEAN LAPIERRE

Date

4/26/06

Daytime Phone #

954-749-8802