2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED ' Mar 07, 2007 08:00 AM Secretary of State

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1. Entity Name

ATLANTIS BOAT SERVICE, INC.

Principal Place of Business

Mailing Address

7800 WEST OAKLAND PARK BLDG, "G"

FORT LAUDERDALE, FL 33351

7800 W. OAKLAND PARK

BLDG "G"

SUNRISE, FL 33351 US



02212007

No Chg-P

CR2E034 (11/05)

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

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FT LAUDE	z ERDALE, FL 33308		IN THIS SPACE			
	e named entity submits this statement for the p tions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title in	if applicable (NOTE: Registere	nd Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	·	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECT		OTORS	-		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUCHET, THIERRY SS CAPITAINERIE, MACCH ONE ONE PORT ST TROPEZ ST. TROPEZ, FRANCE,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAPIERRE, REJEAN 7800 W OAKLAND PARK BLVD. BLDG SUNRISE, FL 33351	G.G			U00000657611 03/15/07-20004-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE				IN .	THIS SPACE	

not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if empowered. 12. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and acquired the corporation or the receiver or trustbe empowered to exec changed, or on an attachment with an afforces, with all other like.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR