
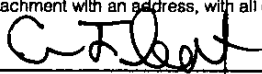


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90392 026 ***150.00

DOCUMENT # J11439			
1. Entity Name ARTISTIC WAYS, INC.			
Principal Place of Business 5305 ENRLICH ROAD 16510 Hutchinso TAMPA, FL 33644 ODESSA, FL 33554		Mailing Address PO BOX 340897 TAMPA, FL 33694	
2. Principal Place of Business 16510 Hutchinson Av. Suite, Apt. #, etc. ODESSA, FL		3. Mailing Address PO BOX 340897 Suite, Apt. #, etc. Tampa FL	
City & State ODESSA, FL		City & State Tampa FL	
Zip 33556	Country US	Zip 33694	Country US
6. Name and Address of Current Registered Agent FLEAT, ERIC L. 16508 HUTCHINSON RD. ODESSA, FL 33556		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEAT, ERIC L	NAME	
STREET ADDRESS	16508 HUTCHINSON RD.	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEAT, SAMANTHA	NAME	
STREET ADDRESS	16508 HUTCHINSON RD	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEAT, SHANNON	NAME	
STREET ADDRESS	16508 HUTCHINSON RD.	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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, with all other like empowered.			
SIGNATURE: 		Date: 4-25-05/4res	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 813-963-0395	

14012675



04252005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3000684** Applied For Not Applicable

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