

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073229

Entity Name: ARTISTRY PHOTOGRAPHIC SERVICES, INC.**Current Principal Place of Business:**7082 MARINER BOULEVARD
SPRING HILL, FL 34609**Current Mailing Address:**7082 MARINER BOULEVARD
SPRING HILL, FL 34609**FEI Number: 59-3592912****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SBANI, TERRY M
7082 MARINER BOULEVARD
SPRING HILL, FL 34609 US*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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name SBANI, THOMAS
Address 8148 CAMERON CAY COURT
City-State-Zip: NEW PORT RICHEY FL 34653

Title VPD
Name SBANI, TERRY
Address 3757 BRAEMERE DR.
City-State-Zip: SPRING HILL FL 34609

Title S
Name SBANI, DESIRE'E L
Address 7317 MILLSTONE ST.
City-State-Zip: SPRING HILL FL 34606

Title T
Name SBANI, JEAN M
Address 8148 CAMERON CAY CT.
City-State-Zip: NEW PORT RICHEY FL 34653

Title VP
Name TAYLOR-SBANI, CRISTA
Address 3757 BRAEMERE DR
City-State-Zip: SPRING HILL FL 34609

I hereby 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 all other like empowered.

SIGNATURE: TERRY M. SBANI**VICE PRESIDENT****01/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date