

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 253043

1. Entity Name

ART SHOP LAKE WORTH, INC.



Principal Place of Business
705 LUCERNE AVE
LAKE WORTH FL 33460
US

Mailing Address
705 LUCERNE AVE
LAKE WORTH FL 33460
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0951424**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBBER, BRUCE R.
327 N. LAKESIDE DR.
LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WEBBER, BRUCE, R. ☐ Delete
STREET ADDRESS 327 N LAKESIDE DR
CITY- ST- ZIP LAKE WORTH FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000623823
02/14/07-80005-007 150.00

TITLE T
NAME WEBBER, MARYANNE ☐ Delete
STREET ADDRESS 327 N. LAKESIDE DR.
CITY- ST- ZIP LAKE WORTH FL 33460

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V
NAME WEBBER, DAVID ☐ Delete
STREET ADDRESS 327 N LAKESIDE DR
CITY- ST- ZIP LAKE WORTH FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S
NAME WEBBER, DANA E ☐ Delete
STREET ADDRESS 327 N. LAKESIDE DR.
CITY- ST- ZIP LAKE WORTH FL 33460

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

2/1/07 1-561-582-1045

Date

Daytime Phone #