

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90014 035 ***150.00

DOCUMENT # 407430

1. Entity Name

ARTICUS, INC,



Principal Place of Business

ARTICUS INC
2854 CARRIER AVE BLDG 126
LONGWOOD FL 32752
US

Mailing Address

ARTICUS INC
P.O. BOX 522165
LONGWOOD FL 32752
US

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

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1493785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

TROMBLAY, ROBERT H
160 SOUTH LAKE TRIPLET DRIVE
CASSELBERRY FL 32707

Same

7. Name and Address of New Registered Agent

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

Robert H. Tromblay

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

Signature of Registered Agent required when reinstating.

4-21-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TROMBLAY, ROBERT H.
STREET ADDRESS 160 SOUTH LAKE TRIPLET
CITY-ST-ZIP CASSELBERRY FL

TITLE ST
NAME TROMBLAY, BETTY B.
STREET ADDRESS 160 SOUTH LAKE TRIPLET
CITY-ST-ZIP CASSELBERRY FL

TITLE D
NAME TROMBLAY, BETTY B.
STREET ADDRESS 160 SOUTH LAKE TRIPLET
CITY-ST-ZIP CASSELBERRY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Robert H. Tromblay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-8

Date

Daytime Phone #