

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 516708

1. Entity Name

PATENT ART FROM THE HALL OF THE GREAT
INVENTORS, INCORPORATED



Principal Place of Business

1674 LONG MEADOW RD
FT MYERS FL 33919

Mailing Address

1674 LONG MEADOW RD
FT MYERS FL 33919

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-1691872

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOODWIN, JOAN E.
1674 LONG MEADOW ROAD
FT MYERS FL 33919

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

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

(NOTE: Registered Agent Signature required when reconstituting)

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 D ☐ Delete
NAME CALLANAN, MARY ELLEN GOO
STREET ADDRESS 1674 LONG MEADOW
CITY-STATE-ZIP FT. MYERS FL

TITLE PD ☐ Delete
NAME GOODWIN, JOAN
STREET ADDRESS 1674 LONG MEADOW RD
CITY-STATE-ZIP FT. MYERS FL

TITLE D ☐ Delete
NAME GOODWIN, WILLIAM
STREET ADDRESS 1674 LONG MEADOW RD.
CITY-STATE-ZIP FT. MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000953119
CITY-STATE-ZIP 06/13/08-80004-003 550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-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:

Joan E Goodwin Joan E Goodwin 6-6-08 239-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #