

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90021 005 \*\*\*150.00



**DOCUMENT # 666081**  
 1. Entity Name  
**ARTIE'S FOOTERS, INC.**

Principal Place of Business      Mailing Address  
**5265 RAY DRIVE**      **5265 RAY DRIVE**  
**SPRING HILL FL 34607**      **SPRING HILL FL 34607**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1831875**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**NUGENESS, ART**  
**5265 RAY DRIVE**  
**SPRING HILL FL 34607**

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, 2006 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		<input type="checkbox"/> Delete
TITLE	<b>P</b>	
NAME	<b>NUGENESS, ARTHUR</b>	
STREET ADDRESS	<b>5265 RAY DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>	
TITLE	<b>VPS</b>	
NAME	<b>NUGENESS, ARTHUR</b>	
STREET ADDRESS	<b>5265 RAY DRIVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>	
TITLE	<b>Secretary</b>	
NAME	<b>Karen Nugeness</b>	
STREET ADDRESS	<b>5265 Ray Dr.</b>	
CITY-ST-ZIP	<b>Spring Hill FL 34607</b>	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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:** *Karen Nugeness*      **Karen Nugeness**      *Jan 26, 2006*      **(352) 596-7432**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #