2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005380

1. Entity Name
ARLESS DAY ARTISTIC DESTINATIONS, INC.

Principal Place of Business	Mailing Address
5208 97TH ST. ESST BRADENTON FL 34211	5208 97TH ST. EAST BRADENTON FL 34211

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5208 97th St. East	5208 97th St. East
Suite, Apt. #, etc.: Bradenton, FL	Suite, Apt. #, etc
City & State	City & State: Bradenton, FL
Zip: 34211 / Country: Manatee	Zip: 34211 / Country: Manatee

4. FEI Number 56-2035446 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ICARD,MERRILL,CULLIS,TIMM,FUREN & GINSBURG
2033 MAIN STREET, STE 600
SARASOTA FL 34237

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 reinstating) 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000601665
01/26/07-80060-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	DAY, ARLESS D	
STREET ADDRESS	5208 97TH ST EAST	
CITY ST ZIP	BRADENTON FL 34211	
TITLE	D	☐ Delete
NAME	DAY, PATSY M	
STREET ADDRESS	5208 97TH ST EAST	
CITY ST ZIP	BRADENTON FL 34211	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ 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] Arless D. Day 1-20-07 (941) 756-1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #