

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004014

Entity Name: ARTFORM INK, INC.

FILED
Jan 18, 2005
Secretary of State

Current Principal Place of Business:

18016 ARBOR CREST DRIVE
TAMPA, FL 336472953

New Principal Place of Business:

Current Mailing Address:

PO BOX 48842
TAMPA, FL 226470124

New Mailing Address:

FEI Number: 62-1814515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, FRANK H
18016 ARBOR CREST DRIVE
TAMPA, FL 336472953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: WEAVER, JANICE E
Address: 18016 ARBOR CREST DRIVE
City-St-Zip: TAMPA, FL 336472953

Title: VCS () Delete
Name: WEAVER, FRANK H
Address: 18016 ARBOR CREST DRIVE
City-St-Zip: TAMPA, FL 336472953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK H. WEAVER

VCS

01/18/2005

Electronic Signature of Signing Officer or Director

Date