

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000044

1. Entity Name
ART'S WAY SCIENTIFIC, INC.



Principal Place of Business

**203 OAK STREET
MONONA, IA 52159**

Mailing Address

**PO BOX 878
MONONA, IA 52159**

U00000955360

07/17/08-80001-021 150.00



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5437242

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

In accordance with s. 607.163(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCONNELL, J. WARD JR
STREET ADDRESS	2018 W VERNON AVE
CITY-ST-ZIP	KINSTON, NC 28504
TITLE	VP
NAME	MAJESKI, CARRIE
STREET ADDRESS	5558 HWY 9
CITY-ST-ZIP	ARMSTRONG, IA 50614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08 712-864-3131

Date

Daytime Phone #