2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F76990

1. Entity Name
ART IN GOLD, INC.

44003819

01072004   No Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
% LEIGHMAN WALKER 104 E KENNEDY BLVD TAMPA, FL 33602	% LEIGHMAN WALKER 104 E KENNEDY BLVD TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2201542	Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, LEIGHMAN
104 E. KENNEDY BLVD
TAMPA, FL 33602

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	WALKER, HELEN
STREET ADDRESS	2311 SUN VIEW AVE
CITY-ST-ZIP	VALRICO, FL

TITLE	DP
NAME	WALKER, LEIGHMAN
STREET ADDRESS	2311 SUN VIEW AVE.
CITY-ST-ZIP	VALRICO, FL

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 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 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: _~Leighman R Walker~_ LEIGHMAN, H. WALKER 1-19-04 813-223-3041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #