

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F76990**

1. Entity Name  
**ART IN GOLD, INC.**



Principal Place of Business

% LEIGHMAN WALKER  
104 E KENNEDY BLVD  
TAMPA, FL 33602

Mailing Address

% LEIGHMAN WALKER  
104 E KENNEDY BLVD  
TAMPA, FL 33602



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2201542**

Applied For

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

*Leighman Walker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-11-06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 33594 |
| TITLE          | DP                |
| NAME           | WALKER, LEIGHMAN  |
| STREET ADDRESS | 2311 SUN VIEW AVE |
| CITY- ST- ZIP  | VALRICO, FL 33594 |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY- ST- ZIP  |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY- ST- ZIP  |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY- ST- ZIP  |                   |

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01/17/06-80025-012 150.00

**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:

*Leighman Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-06 813223-3041**

Date

Daytime Phone #

**813-223-3041**