

1-01-1995 2:09AM

FROM

FILED P. 1

Jul 20, 2005 08:00 AM
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G90807

1. Entity Name

ARTCRAFT HOME DECOR, INC.



Principal Place of Business

ARTCRAFT HOME DECOR INC

1103 N. FED. HWY.

BOYNTON BEACH, FL 33435 US

Mailing Address

1103 N FEDERAL HWY

BOYNTON BCH., FL 33435

DO NOT WRITE IN THIS SPACE

07012005

No Chg-P

CR2E034 (10/03)

4. FEI Number

50-2369275

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEREDITH, M.W.

1103 N. FEDERAL HWY

BOYNTON BCH., FL 33435

**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 applicable)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

TITLE

P

NAME

MEREDITH, MARTIN W.

STREET ADDRESS

1510 SE 23RD AVE

CITY-ST-ZIP

POMPANO, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**000000373792
07/20/05-80008-014 150.00

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