


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # H47184
 1. Entity Name
VISUALLY UNIQUE ARTS, INC.



Principal Place of Business
**1862 WEST MIDWAY RD
 FT PIERCE, FL 34981**

Mailing Address
**1862 WEST MIDWAY RD
 FT PIERCE, FL 34981**

DO NOT WRITE IN THIS SPACE



05072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2500504 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSSELL, DORRAN
 1862 WEST MIDWAY ROAD
 FORT PIERCE, FL 34981**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, DORRAN 1862 WEST MIDWAY RD FORT PIERCE, FL 34981
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *April 04* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #