

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59032

FILED  
Apr 07, 2012  
Secretary of State

**Entity Name:** ARTISTIC FAMILY TREE, INC.

**Current Principal Place of Business:**

8824 N. VIRGINIA AVENUE  
PALM BEACH GARDENS, FL 334186157 US

**New Principal Place of Business:**

**Current Mailing Address:**

8824 N VIRGINIA AVE  
PALM BEACH GARDENS, FL 334186157 US

**New Mailing Address:**

**FEI Number:** 59-2571600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEELER, WILLIAM J.  
8824 N VIRGINIA AVE  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: WHEELER, WILLIAM  
Address: 8824 N VIRGINIA AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: DVT  
Name: WHEELER, JACQUELINE  
Address: 8824 N VIRGINIA AVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM WHEELER

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04/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date