


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # J11439 1. Entity Name ARTISTIC WAYS, INC.		
Principal Place of Business 16510 HUTCHINSON RD ODESSA, FL 33556	Mailing Address PO BOX 340897 TAMPA, FL 33644	



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3000684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLEAT, ERIC I.
16508 HUTCHINSON RD.
ODESSA, FL 33556**

**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 *Eric Fleat* **ERIC FLEAT** President 2/24/08
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, 2008 Fee will be \$550.00**

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

**000000842552
03/11/08-80034-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLEAT, ERIC L
STREET ADDRESS	16508 HUTCHINSON RD.
CITY-ST-ZIP	ODESSA, FL
TITLE	V
NAME	FLEAT, SAMANTHA
STREET ADDRESS	16508 HUTCHINSON RD
CITY-ST-ZIP	ODESSA, FL
TITLE	S
NAME	FLEAT, SHANNON
STREET ADDRESS	16508 HUTCHINSON RD.
CITY-ST-ZIP	ODESSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *E Fleat* 2/24/08 813-963-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #