


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # J79027 1. Entity Name ARTY R., INC.					
Principal Place of Business PO BOX 357214 GAINESVILLE FL 32635 US			Mailing Address PO BOX 357214 GAINESVILLE FL 32635 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2845284 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STONE, KAREN J. ESQUIRE 4010 NEWBERRY RD. SUITE D GAINESVILLE FL 32607			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 <i>[Signature]</i> <small>Signature Typed or printed name of registered agent and title if applicable</small>		DATE <i>2/12/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SV		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINBOLT, ARTHUR C.		NAME		
STREET ADDRESS	4301 NW 67TH TER		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL		CITY - ST - ZIP		
TITLE	PT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINBOLT, PAULA S		NAME		
STREET ADDRESS	4301 NW 67 TER		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
SIGNATURE: <i>Paula Reinbolt</i> PAULA REINBOLT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/12/04</i> (352) Daytime Phone # <i>371 7582</i>		



MOORE CR2E034 (11/03)

4. FEI Number **59-2845284** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, KAREN J. ESQUIRE
4010 NEWBERRY RD.
SUITE D
GAINESVILLE FL 32607

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SV
REINBOLT, ARTHUR C.
4301 NW 67TH TER
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
REINBOLT, PAULA S
4301 NW 67 TER
GAINESVILLE FL

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SIGNATURE: *Paula Reinbolt* **PAULA REINBOLT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/12/04* (352)
Daytime Phone # *371 7582*