


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|--|---|--|
| DOCUMENT # K21595 1. Entity Name- FORM ART, INC. | | | |  | |
| Principal Place of Business 4435 SOUTHWEST 95TH STREET 31 SW 35TH ST OCALA, FL 34480 US | | | Mailing Address % VERNON H. JOHNSON, JR 31 SW 35TH ST OCALA, FL 34474 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-2881062 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent JOHNSON, VERNON H., JR 31 SW 35TH ST OCALA, FL 32674 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | |
| \$5.00 May Be Added to Fees | | | DATE _____ | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P <input type="checkbox"/> Delete JOHNSON, VERNON H., JR 31 SW 35TH ST OCALA, FL | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP <input type="checkbox"/> Delete JOHNSON, SHIRLEY 31 SW 35TH ST OCALA, FL | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S <input type="checkbox"/> Delete HOLLOWAY-LEE, WENDY A. 800 SE 171ST COURT RD. SILVER SPRINGS, FL | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T <input type="checkbox"/> Delete JOHNSON, ANTHONY WAYNE 6099 SE 151TH ST SUMMERFIELD, FL 34491 | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 02/23/05-80009-022 150.00 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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: Shirley A. Johnson Shirley A. Johnson 2-22-05 (352) 345-8888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |