



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90017 010 \*\*\*150.00

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| <b>DOCUMENT # K21595</b><br>1. Entry Name<br><b>FORM ART, INC.</b>   |                                 |  |  |    |  |
| Principal Place of Business<br><b>4435 SOUTHWEST 95TH STREET</b><br><del>31 SW 35TH ST</del><br><b>OCALA, FL 34480 US</b>  |                                 |  | Mailing Address<br><b>% VERNON H. JOHNSON, JR</b><br><b>31 SW 35TH ST</b><br><b>OCALA, FL 34474 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4435 S.W. 95th St.</b>  |                                 | 3. Mailing Address<br><b>4435 S.W. 95th St</b>   |  |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |  | 04212008    Chg-P    CR2E034 (12/06)  |  |
| City & State<br><b>OCALA, FL.</b>  |                                 | City & State<br><b>OCALA, FL.</b>  |  | 4. FEI Number<br><b>59-2881062</b>  |  |
| Zip<br><b>34480</b>  |                                 | Country<br><b>US</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip<br><b>34480</b>  |                                 | Country<br><b>US</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHNSON, VERNON H., JR</b><br><b>31 SW 35TH ST</b><br><b>OCALA, FL 32674</b>   |                                 |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>   |                                 |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$350.00</b>  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br><b>P</b><br>NAME<br><b>JOHNSON, VERNON H., JR</b><br>STREET ADDRESS<br><b>31 SW 35TH ST</b><br>CITY-STATE-ZIP<br><b>OCALA, FL</b>   | <input type="checkbox"/> Delete |  | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br><b>VP</b><br>NAME<br><b>JOHNSON, SHIRLEY</b><br>STREET ADDRESS<br><b>31 SW 35TH ST</b><br>CITY-STATE-ZIP<br><b>OCALA, FL</b>  | <input type="checkbox"/> Delete |  | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br><b>S</b><br>NAME<br><b>HOLLOWAY-LEE, WENDY A.</b><br>STREET ADDRESS<br><b>800 SE 171ST COURT RD.</b><br>CITY-STATE-ZIP<br><b>SILVER SPRINGS, FL</b>   | <input type="checkbox"/> Delete |  | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br><b>T</b><br>NAME<br><b>JOHNSON, ANTHONY WAYNE</b><br>STREET ADDRESS<br><b>6099 SE 151TH ST</b><br>CITY-STATE-ZIP<br><b>SUMMERFIELD, FL 34491</b>  | <input type="checkbox"/> Delete |  | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>  | <input type="checkbox"/> Delete |  | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>  | <input type="checkbox"/> Delete |  | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-STATE-ZIP<br><br>                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |                                 |  |  |   |  |
| <b>SIGNATURE: Shirley A. Johnson    Shirley A. Johnson    4-21-08    (352) 245-8888</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>  |                                 |  |  |   |  |