

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # K90652**

1. Entity Name  
**ARTISTIX SIGNS & GRAPHIX, INC.**



Principal Place of Business

716 SE 47 TER  
CAPE CORAL, FL 33904

Mailing Address

716 SE 47 TER  
CAPE CORAL, FL 33904



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0126108

Applied For

Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ULIK, CAROL A.  
716 SE 47 TER  
CAPE CORAL, FL 33904

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ULIK, CAROL A.
STREET ADDRESS	4921 SW 11 CT
CITY-STATE-ZIP	CAPE CORAL, FL
TITLE	DVP
NAME	ULIK, PATRICK G.
STREET ADDRESS	4921 SW 11 CT
CITY-STATE-ZIP	CAPE CORAL, FL
TITLE	S
NAME	ULIK, ANGELA
STREET ADDRESS	4921 SW 11 COURT
CITY-STATE-ZIP	CAPE CORAL, FL
TITLE	T
NAME	DAZER, BRIAN
STREET ADDRESS	716 SE 47TH TERRACE
CITY-STATE-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000425988  
02/20/06-80025-011 150.00

**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:**

*Carol Ulik*

CAROL ULIK

2-6-06

239-542-3354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #