2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L08416

1. Entity Name
ARTISTIC DOORS & LOCKS, INC.

Principal Place of Business	Mailing Address
12901 W. HILLSBOROUGH AVE TAMPA, FL 33635	12901 W. HILLSBOROUGH AVE TAMPA, FL 33635

02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1291022
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROWDER, JOHN S
12901 W. HILLSBOROUGH AVE
TAMPA, FL 33635

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000841456
03/10/08-80014-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BAILEY, EDWARD G
STREET ADDRESS	1109 OAKBRUSH PLACE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	DP
NAME	BAILEY, RANDOLPH G.
STREET ADDRESS	3268 NICKS PL
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	DS
NAME	JOHNSON, JAMES A
STREET ADDRESS	105 W. ARLINGTON AVE
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	DT
NAME	CROWDER, JOHN G
STREET ADDRESS	105 W. ARLINGTON AVE.
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: J. G. Crowder 2/25/08 813 287-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #