

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 042 ***150.00

DOCUMENT # L51761

1. Entity Name

ARTISTS' GUILD OF VERO BEACH, INC.



Principal Place of Business

**ARTISTS' GUILD OF VERO BEACH
2855 OCEAN DR B 1&2
VERO BEACH FL 32963
US**

Mailing Address

**ARTISTS' GUILD OF VERO BEACH
2855 OCEAN DR B 1&2
VERO BEACH FL 32963
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

65-0169118

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

**HENDERSON, STEVE L., ESQ.
817 BEACHLAND BLVD.
VERO BEACH FL 32963**

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

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, 2005 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	SD	<input type="checkbox"/> Delete
NAME	NARWICZ, LORETTA	
STREET ADDRESS	5045 HARMONY CIRCLE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	WADE, BETTY	
STREET ADDRESS	6545 35TH LANE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUXO, LAURA	
STREET ADDRESS	2855 OCEAN DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TRAPS.	<input type="checkbox"/> Delete
NAME	SAN MIGUEL, FRAN	
STREET ADDRESS	329 SOUTHWIND BLVD #223	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]

LAURA M BUXO

4-5-05

772-231-7551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #