

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41239

Entity Name: ARTARGET, INC.

FILED
Jan 21, 2004
Secretary of State

Current Principal Place of Business:

481 S LIME AVE
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 49733
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 65-0236857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNGSHEPHERD, K E
481 S LIME AVE
SARASOTA, FL 34237

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNGSHEPHERD, KIM
Address: 3310 BARSTOW PL.
City-St-Zip: SARASOTA, FL 34235

Title: VPD () Delete
Name: KOWAL-HOFFMAN, JILL
Address: 540 ORANGE AVE S
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: EVANS, DONAVAN
Address: 500 PELICAN RD
City-St-Zip: SARASOTA, FL 34297

Title: D () Delete
Name: SLABACH, JAMES
Address: P.O. BOX 37530
City-St-Zip: SARASOTA, FL 34116

Title: SD () Delete
Name: KEELER, CARL
Address: 211 CHAUNCEY AVE E
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: MELCHER, SANDRA
Address: 2107 41ST W. ST.
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YOUNGSHEPHERD, KIM
Address: 481 SOUTH LIME AVE.
City-St-Zip: SARASOTA, FL 34237

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY E. YOUNGSHEPHERD

PD

01/21/2004

Electronic Signature of Signing Officer or Director

Date