

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005031

1. Entity Name*
ART AROUND TOWN, INC.



Principal Place of Business
**4 OCEAN DRIVE
PUNTA GORDA, FL 33950**

Mailing Address
**4 OCEAN DRIVE
PUNTA GORDA, FL 33950**



01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0798175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNETT, BARBARA A
3905 CROOKED ISLAND DR.
PUNTA GORDA, FL 33950**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
BURNETT, BARBARA A
3905 CROOKED ISLAND DR.
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
BRENNER, JANE
4 OCEAN DR.
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DS
OCHA, BARBARA
230 COLDWAY DR., #215
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
STRANG, ROBERT
103 W. MARION AVE.
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000010796
01/23/04-80012-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-2004

Date

941-639-0888

Daytime Phone #