## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 17, 2006 8:00 am Secretary of State DOCUMENT # N97000005031 03-17-2006 90129 043 \*\*\*\*61.25 ART AROUND TOWN, INC. Principal Place of Business Mailing Address 4 OCEAN DRIVE 4 OCEAN DRIVE PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 3. Mailing Address 1015 Francesca Court 2. Principal Place of Business 1015 Francesca Court Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0798175 Applied For City & State City & State Punta Gorda, Fl 33950 Punta Gorda, Fl33950 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNETT, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 3905 CROOKED ISLAND DR. PUNTA GORDA, FL 33950 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) Make check payable to 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State . Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE BURNETT, BARBARA A NAME NAME STREET ADDRESS 3905 CROOKED ISLAND DR. STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP DP ☐ Delete TITLE TITLE BRENNER, JANE NAME NAME Brenner, Jane STREET ADDRESS STREET ADDRESS 4 OCEAN DR. 1015 Francesca Court CITY-ST-ZIP CITY-ST-71P PUNTA GORDA, FL 33950 Punta Gorda, Fl 33950 DS T(T) F ☐ Change ☐ Delete ☐ Addition TITLE OCHA, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 230 COLDWAY DR., #215 PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE STRANG, ROBERT NAME NAME STREET ADDRESS 103 W. MARION AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FL 33950 ☐ Delete TITLE ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE (-8) : 🔲 Change 🕝 🔛 Addition ☐ Delete NAME " NAME

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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED