

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045994

Entity Name: ARTONA METAL-ART, INC.

FILED  
Jan 19, 2004  
Secretary of State

## Current Principal Place of Business:

1121 MISSION RIDGE CT  
ORLANDO, FL 32835 US

## New Principal Place of Business:

1108 HIDDEN BLUFF  
CLERMONT, FL 34711 US

## Current Mailing Address:

1121 MISSION RIDGE CT  
ORLANDO, FL 32835 US

## New Mailing Address:

1108 HIDDEN BLUFF  
CLERMONT, FL 34711 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HASKELSON, PIERRE  
1121 MISSION RIDGE CT  
ORLANDO, FL 32835

## Name and Address of New Registered Agent:

HASKELSON, PIERRE  
1108 HIDDEN BLUFF  
CLERMONT, FL 34711 US

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

01/19/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HASKELSON, PIERRE  
Address: 1121 MISSION RIDGE CT  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: HASKELSON, ROSALYN  
Address: 1121 MISSION RIDGE CT  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HASKELSON, PIERRE  
Address: 1108 HIDDEN BLUFF  
City-St-Zip: CLERMONT, FL 34711 US

Title: D (X) Change ( ) Addition  
Name: HASKELSON, ROSALYN  
Address: 1108 HIDDEN BLUFF  
City-St-Zip: CLERMONT, FL 34711 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE HASKELSON

D

01/19/2004

Electronic Signature of Signing Officer or Director

Date