

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000090834

1. Entity Name
ARTHRITISIZE, INC.



Principal Place of Business
**P O BOX 372684
SATELLITE BEACH, FL 32937 US**

Mailing Address
**P O BOX 372684
SATELLITE BEACH, FL 32937 US**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3682082	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KOSSIVER, DAVID G
675-1A ROSEWOOD COURT
INDIAN HARBOUR BEACH, FL 32937**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	P CURTY, BARBARA I 2647 TRINIDAD CIRCLE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSSIVER, DAVID G 675-1A ROSEWOOD COURT INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOSSIVER, LINDA S 675-1A ROSEWOOD COURT INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURTY, EUGENE P 2647 TRINIDAD CIRCLE MELBOURNE, FL 32934
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04/06/06-80002-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Curty
3/20/06

Date

321-757-3170

Daytime Phone #