

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

02-24-2004 90001 031 ***100.00
04-05-2004 90031 047 ****58.75

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1. Entity Name
IMAGE ARTISTRY, INC.



Principal Place of Business
**1317 SOUTH PARK AVE
SANFORD, FL 32771**

Mailing Address
**P.O BOX 4200
SANFORD, FL 32772-4200**

44024154



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1962937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FUSCO, CHARLOTTE
1317 SOUTH PARK AVE
SANFORD, FL 32771**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUSCO, DOMENIC
STREET ADDRESS	1317 SOUTH PARK AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	V
NAME	FUSCO, CHARLOTTE
STREET ADDRESS	1317 SOUTH PARK AVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	ST
NAME	SULUH, GIOVANNINA
STREET ADDRESS	208 W 19TH STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

DOMENIC FUSCO

Date

2.10.04 407-302-3737

Daytime Phone #