

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90042 028 ***150.00

DOCUMENT # P01000080107

1. Entity Name
THE ART STUDIO OF LAKE MARY, INC.



Principal Place of Business
**118 MIDDLE ST. #2
LAKE MARY, FL 32746-5928**

Mailing Address
**350 BIRCHWOOD CT
LAKE MARY, FL 32746-5928**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3738749

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAGLIAVORE, STELLA
350 BIRCHWOOD CT
LAKE MARY, FL 32746-5928**

**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

Sam Tagliavore **SAM TAGLIAVORE CEO**

1/15/2005
DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**PRESIDENT
TAGLIAVORE, STELLA
350 BIRCHWOOD CT
LAKE MARY, FL 32746-5928**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SAM TAGLIAVORE
350 BIRCHWOOD CT
LAKE MARY FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Sam Tagliavore **SAM TAGLIAVORE CFO**

Date

Daytime Phone #

1/15/2005 407 330-1135