

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000087662

1. Entity Name
FUNCTIONAL ART BY JOSEPH CONTI, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 PM 1:29

Principal Place of Business
**3102 3RD ST SW
LEHIGH ACRES, FL 33971**

Mailing Address
**3102 3RD ST SW
LEHIGH ACRES, FL 33971**

DO NOT WRITE IN THIS SPACE



01082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1137338

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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, 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
**PSD
CONTI, JOSEPH B
3102 3RD ST SW
LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
CONTI, NANCY E
3102 3RD ST SW
LEHIGH ACRES, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**500045887735
02/03/05--01003--005 **150.00**

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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:

Nancy E. Conti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05
Date

239-368-2223
Daytime Phone #