

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000116215

1. Entity Name

ARTISTIC IMAGES BY JULIE, INC.



Principal Place of Business

18090 NORTH OLGA DR.
ALVA, FL 33920

Mailing Address

18090 NORTH OLGA DR.
ALVA, FL 33920

DO NOT WRITE IN THIS SPACE



03042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-1156701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERITAGE TAX & CONSULTING, INC.
11220 METRO PKWY #3
FORT MYERS, FL 33912

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000920020
05/14/08-80026-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, JULIE
STREET ADDRESS	18090 NORTH OLGA DR.
CITY-ST-ZIP	ALVA, FL 33920
TITLE	VP
NAME	WILLIAMS, JEFF
STREET ADDRESS	18090 NORTH OLGA DR.
CITY-ST-ZIP	ALVA, FL 33920
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 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

Date

Daytime Phone #