

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000061310

1. Entity Name

ART RESEARCH TECHNOLOGIES, CORP.



Principal Place of Business

5196 41ST STREET SOUTH
ST. PETERSBURG FL 33711

Mailing Address

5196 41ST STREET SOUTH
ST. PETERSBURG FL 33711



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **51-0420787**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, JAMES L
5196 41ST STREET SOUTH
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME EDWARDS, JAMES L
STREET ADDRESS 5196 41ST STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ Delete
NAME KOWENSKI, LISA K
STREET ADDRESS 10190 109TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Delete
NAME SWAIN, CYNTHIA A
STREET ADDRESS 6914 12TH TERRACE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Delete
NAME EDWARDS, TIFFANY A
STREET ADDRESS 5196 41ST STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ Delete
NAME EDWARDS, GEORGE M
STREET ADDRESS 5001 LAKE FRONT DRIVE B-2
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE ☐ Change ☐ Addition
NAME U000000635976
STREET ADDRESS 02/23/07-80036-017 158.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James L. Edwards JAMES L. EDWARDS 02/09/07 (727) 866-2583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #