

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000083881

1. Entity Name
ARTWORKER, INC.



Principal Place of Business
423 W CAPE CORAL PKWY STE 107
CAPE CORAL, FL 33914

Mailing Address
423 W CAPE CORAL PKWY STE 107
CAPE CORAL, FL 33914

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90034 047 ***150.00



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3646914

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MINER, BOBBIE S
1207 SW 19 LN
CAPE CORAL, FL 33991

BERTRAND, RACHEL L
423 W. CAPE CORAL PKWY
#107
CAPE CORAL, FL 33914

**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 RACHEL L. BERTRAND

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

Rachel Bertrand

(NOTE: Registered Agent signature required when reinstating)

4/2/04

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 BERTRAND, RACHEL L
STREET ADDRESS 423 W CAPE CORAL PKWY STE 107
CITY-ST-ZIP CAPE CORAL, FL 339146554

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

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

4/2/04 (239) 542-9578

Date

Daytime Phone #