## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## Feb 06, 2004 8:00 am **DOCUMENT # P03000014982 Secretary of State** 1. Entity Name ARJAY ART, INC. 02-06-2004 90039 041 \*\*\*150.00 Principal Place of Business Mailing Address 517 35TH AVENUE NORTH 517 35TH AVENUE NORTH ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33704 2. Principal Place of Business 3. Mailing Address 3584-49TH STREET 3584-4974 STREET N Suite, Apt. #, etc Chg-P CR2E034 (10/03) 01062004 Applied For City & State City & State 4. FEI Number LEARWATER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÚSA 762 Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent \_\_\_\_\_ GROSS, RJ Street Address (P.O. Box Number is Not Acceptable) 517 35TH AVENUE NORTH ST. PETERSBURG, FL 33704 Zip Code City 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. ICHARDY SIGNATURE of registered agent and title if explicable 9. Election Campaign Financing FILE NOW!!!\_FEE IS \$150.00-After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete Addition TITLE PRESIDENT THE ☐ Change RICHARD J. GROSS NAME NAME 517-35TH AUENUE N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33704 CITY-ST-ZIP CiTY-ST-ZIP VICE PRESIDENT MAIZY V. KITCHIN TITLE ☐ Delete TITLE NAME SECRETARY NAME 2980 HAINES-BAYSHORE RD STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33760 CITY-ST-ZIP CITY-ST-7IP Change \_ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change - -- ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP 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.

**FILED**