## FILED Mar 08, 2004 8:00 am Secretary of State

2004 FO	R PROF	IT CORPOR	ATION
•	ANNUA	L REPORT	

1. Entity Name	IT # P03000017 ARTHWORKS, INC.	451			03-08-2004 90045 033 ***150.00	
Principal Place of Bus 5663 ZIDELL ROAD CALLAHAN, FL 3201		Mailing Address 5663 ZIDELL ROAD CALLAHAN, FL 32011				
2. Principal Place of E 453437 Suite, Apt. #, etc.	iusiness 10211 FD	3. Mailing Address	Вох (717	١		
		,			02012004 Chg-P CR2E034 (10/03)	
City & State			- MAFIA	FL	4. FEI Number Applied For Not Applicable	
210 J	Country	Zip 3.011	Country		5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
THOMAS, SHERRY 5663 ZIDELL ROAD CALLAHAN, FL 32011  Name Sherry Asrinual Street Address (P.O. Box Number is Not Acceptable) H5343 ZIDELL RD						
			City	C.A.	-LAHAN FL Zip Code 3 2011	
8. The above named the obligations of re	entity submits this statement for	the purpose of changing its	egistered office o	r register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Lung agame	all Shen		(~ W	ALL 2-1-04	
Signature,	typed or drinted name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signal	ture required	d when reinstating) DATE	
	/!!! FEE IS \$150.00 004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri			-00 May Be led to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME THOM	IAS, SHERRY	☐ Delete	TITLE S	D	ornwore, Suzany	
STREET ADDRESS 5663	ZIDELL ROAD		STREET ADDRESS	45	343 ZIDELL RD	
	AHAN, FL 32011		CITY-ST-ZIP	CA	MAHON ET 35011	
TITLE D NAME ASPIN	IWALL, DONALD	☐ Delete	TITLE NAME	As	Change Addition	
1 1	ZIDELL ROAD		STREET ADDRESS	45	343 ZIDEL RO	
	AHAN, FL 32011		CITY-ST-ZIP	(C)	ALLAHAN, FL 32011	
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME	ŀ		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	4.1	•	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME		•	NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	L		
indicated on this of the corporation	enort or supplemental report is	true and accurate and that movered to execute this report a	v sinnature shall t	nave the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	
		•	SHERM	As	SPINWALL 2-1-04 879-1765	