


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000038503	
1. Entity Name ART IMAGING, INC.	

Principal Place of Business 11251 ORANGE RIVER BLVD. FT. MYERS, FL 33905	Mailing Address 11251 ORANGE RIVER BLVD. FT. MYERS, FL 33905
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1687278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, GERALD E
11251 ORANGE RIVER BLVD.
FT. MYERS, FL 33905

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUETTEL, ARNOLD C 308 SE 20TH ST. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINEZ, GERALD E 11251 ORANGE RIVER BLVD. FT. MYERS, FL 33905
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02/26/05-80026-004 150.00

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12. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gerald E Martinez 2/15/05 239 340 0492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #