## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000098323

## FILED Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90046 005 \*\*\*150.00

1. Entity Nam ARTISTIC INC	E LANDSCAPING BY JESS	AND ASSOCIATES							
Principal Place 3240 CITRUS TITUSVILLE,	S CT	Mailing Address 3240 CITRUS CT TITUSVILLE, FL 32780	40 CITRUS CT		40054846				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005	Chg-P	CR2E034 (10	(03)		
City & State		City & State		4. FEI Number 20-02384			Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Fee Re		onal	
- 12 44 - 22 - 22	6. Name and Address of Current	Registered Agent	Name	7. Name and A	ddress of New R	egistered Agent			
VENUTI LOUIS				ress (P.O. Box Number is Not Acceptable)					
			City			FL	Code		
8. The above the obligat	natived entity submits this statement for innsofregistered agent.  Scrasfe, typed or uvinted name of vegistered agent.	r the purpose of changing its reg	gistered office or registe			DATE		أدد	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	CERS AND DIREC	TORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANATTA, JESSICA 3240 CITRUS CT TITUSVILLE, FL 32780	TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	inge	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANATTA, MICAH 3240 CITRUS CT TITUSVILLE, FL 32780	☐ Delete	IRLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	inge	☐ Addition	
TITLE RAME STREET ACCURESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS _CHY-ST-ZIP			☐ Ch	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delote	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delale	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange	☐ Addition	
indicated	certify that the information supplied will fon this report or supplemental report is portation or the receiver or trustee emp , or on an attachment with an address.	s true and accurate and that my	signature shall have the required by Chapter 60	same legal effect	as it made under d	oath; that I am an o	ifficer o	r director	