2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106595

FILED Jan 25, 2004 Secretary of State

Entity Name: ARTISTIC TOUCH MAINTENANCE SPECIALISTS, INC.

urrent P	Principal Place of Business:	New Principal Place of Business:
879 W C	OLONIAL DR	
	FL 34761	
urrent N	/lailing Address:	New Mailing Address:
	OLONIAL DR	
174 COEE, F	FL 34761	
I Number	r: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
ame and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
)40 YEĹl	SHAWN LOW ROSE DR D, FL 32818 US	
	e named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,
	e of Florida. * RE:	
the State	e of Florida.	
the State	e of Florida. * RE:	ed Agent Date
the State GNATU	e of Florida. RE: Electronic Signature of Registere	ed Agent Date
the State GNATU	e of Florida. RE: Electronic Signature of Registere mpaign Financing Trust Fund Contribution (ed Agent Date
the State GNATUI ction Car FICER e: me: dress:	e of Florida. RE: Electronic Signature of Registere mpaign Financing Trust Fund Contribution (S AND DIRECTORS: P () Delete JENSEN, SHAWN 1040 YELLOW ROSE DR	ed Agent Date Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN JENSEN P 01/25/2004