

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000127790**

1. Entity Name  
**ARTES RECHERCHE, INC.**



Principal Place of Business  
**155 EAST DAVIS BOULEVARD  
NUMBER 17  
TAMPA, FL 33606 US**

Mailing Address  
**155 EAST DAVIS BOULEVARD  
NUMBER 17  
TAMPA, FL 33606 US**



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>81-0650077</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**THOMAS, CLAUDIA M ESQ.  
THE CARRIAGE HOUSE, BIGLOW HELMS MANSION  
4807 BAYSHORE BOULEVARD  
TAMPA, FL 33611**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTELSTONE, JOAN 155 EAST DAVIS BOULEVARD, NUMBER 17 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTELSTONE, JOAN 155 EAST DAVIS BOULEVARD TAMPA, FL 33606
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04/24/08-80100-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joan Bartelstone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/08 (813) 254-5154  
Date Daytime Phone #