

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # P03000141599**

1. Entity Name  
**ARTISTIC TIMBER, INC.**



Principal Place of Business

**14320 FRESNO DRIVE  
ORLANDO, FL 32832 US**

Mailing Address

**14320 FRESNO DRIVE  
ORLANDO, FL 32832 US**



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**47-0935224**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BATTISTELLA, DINO M  
14320 FRESNO DRIVE  
ORLANDO, FL 32832**

**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 reinstating)

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**

000000897523  
04/25/08-80052-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BATTISTELLA, DINO M
STREET ADDRESS	14320 FRESNO DRIVE
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	VP
NAME	BATTISTELLA, ANNA MARIA A
STREET ADDRESS	14320 FRESNO DRIVE
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	VP
NAME	BATTISTELLA, ANTONIO G
STREET ADDRESS	14320 FRESNO DRIVE
CITY-ST-ZIP	ORLANDO, FL 32832
TITLE	VP
NAME	BATTISTELLA, ANNA G
STREET ADDRESS	723 MAPLE RD.
CITY-ST-ZIP	NEW HOPE, AL 35760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 officer or trustee empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

407-277-0097

Date

Daytime Phone #