


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90008 032 \*\*\*150.00

<b>DOCUMENT # P03000147360</b> 1. Entity Name ARTISTIC DECKING, INC.					
Principal Place of Business 7115 SANDY LANE WESLEY CHAPEL, FL 33544				Mailing Address 7115 SANDY LANE WESLEY CHAPEL, FL 33544	
2. Principal Place of Business <b>26717 Hickory Loop</b>		3. Mailing Address <b>26717 Hickory Loop</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lutz, FL</b>		City & State <b>Lutz, FL</b>		4. FEI Number <b>41-2119409</b>	
Zip <b>33559</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33559</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DIGIOIA, ANGELO 7115 SANDY LANE WESLEY CHAPEL, FL 33544				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>26717 Hickory Loop</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33559</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIGIOIA, ANGELO 7115 SANDY LANE WESLEY CHAPEL, FL 33544			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	26717 Hickory Loop Lutz, FL 33559			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Angelo Digioia</u> <u>Angelo Digioia</u> <u>8-17-5</u> <u>813 985-9166</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					