


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 022 ***150.00

DOCUMENT # P04000015031			
1. Entity Name JESSE WILHELM'S ARTISTIC VISIONS, INC.			
Principal Place of Business 14111 WEST PARSLEY DR. NUMBER 1 MADEIRA BEACH, FL 33708 US		Mailing Address 14111 WEST PARSLEY DR. NUMBER 1 MADEIRA BEACH, FL 33708 US	
2. Principal Place of Business <i>11960 79th Ave</i> Suite, Apt. #, etc. <i>Seminole, FL</i> City & State <i>33772, USA</i> Zip Country		3. Mailing Address <i>11960 79th Ave.</i> Suite, Apt. #, etc. <i>Seminole, FL</i> City & State <i>33772, USA</i> Zip Country	
4. FEI Number <i>32-0104388</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILHELM, JESSE 14111 WEST PARSLEY DR. NUMBER 1 MADEIRA BEACH, FL 33708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILHELM, JESSE 14111 WEST PARSLEY DR. #1 MADEIRA BEACH, FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Jesse Wilhelm</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/5/05</i> Daytime Phone # <i>727-698-1479</i>	