

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044713

**FILED**  
**Aug 02, 2005**  
**Secretary of State**

**Entity Name:** ARTISAN METALWORKS AND DESIGN, INC.

**Current Principal Place of Business:**

610 SABAL LAKE DR  
#104  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

610 SABAL LAKE DR  
#104  
LONGWOOD, FL 32779 US

FEI Number: 20-0847697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**New Principal Place of Business:**

500 GOLF TEE LN  
#104  
LONGWOOD, FL 32779 US

**New Mailing Address:**

500 GOLF TEE LN  
#104  
LONGWOOD, FL 32779 US

**Name and Address of Current Registered Agent:**

BROOKS, APRIL L  
610 SABAL LAKE DR  
#104  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

MCDONALD, APRIL L  
500 GOLF TEE LN  
#104  
LONGWOOD, FL 32779 US

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.

SIGNATURE: APRIL L MCDONALD

08/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BROOKS, APRIL L  
Address: 610 SABAL LAKE DR #104  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCDONALD, APRIL L  
Address: 500 GOLF TEE LN #104  
City-St-Zip: LONGWOOD, FL 32779 US

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: APRIL L MCDONALD

P

08/02/2005

Electronic Signature of Signing Officer or Director

Date