

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90027 007 ***150.00

DOCUMENT # P04000070117

1. Entity Name
ONE MIND ART, INC.



Principal Place of Business

1225 PARK LAKE ST
APT. #1
ORLANDO, FL 32803 US

Mailing Address

P.O. BOX 533114
ORLANDO, FL 32853 US

2. Principal Place of Business

1504 Minnesota St.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Orlando, FL
Zip 32803 Country Orange

City & State

Zip Country

02162005 Chg-P CR2E034 (10/03)

4. FEI Number

20-1078794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, KERI L
1225 PARK LAKE ST
APT. #1
ORLANDO, FL 32803

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,VP
NAME RICHARDSON, CHARLES L JR
STREET ADDRESS 1225 PARK LAKE ST, APT #1
CITY-ST-ZIP ORLANDO, FL 32803 ☐ Delete

TITLE S,D
NAME RICHARDSON, CHARLES L JR
STREET ADDRESS 1225 PARK LAKE ST, APT #1
CITY-ST-ZIP ORLANDO, FL 32803 ☐ Delete

TITLE TRES
NAME RICHARDSON, KERI L
STREET ADDRESS 1225 PARK LAKE ST, APT #1
CITY-ST-ZIP ORLANDO, FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Charles L Richardson Jr

Charles L Richardson Jr

2/21/05

407-760-9320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #