

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000070117

1. Entity Name
ONE MIND ART, INC.



Principal Place of Business
1504 MINNESOTA ST
ORLANDO, FL 32803 US

Mailing Address
P.O. BOX 533114
ORLANDO, FL 32853 US



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1078794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000395921
01/27/06-80012-003 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date

407 760 93

Daytime Phone #