# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# P04000086981

**Entity Name:** ARTISAN WOODWORKS & TRIM, INC.

**Current Principal Place of Business:**

13768 MANDARIN ROAD
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

13768 MANDARIN ROAD
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number: 20-1252076** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

INTREPID REGISTERED AGENT SERVICES, LLC
225 WATER STREET
SUITE 2020
JACKSONVILLE, FL 32202 US

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

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP 04/29/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SMITH, JOANNE G
Address: 13768 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VP ( ) Delete
Name: SMITH, GREGORY S
Address: 13768 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: S ( ) Delete
Name: BASCELLI, HEATHER K
Address: 13768 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: T ( ) Delete
Name: BASCELLI, BRANDON M
Address: 13768 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOANNE G. SMITH PD 04/29/2005
Electronic Signature of Signing Officer or Director Date