


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000086981</b> 1. Entity Name <b>ARTISAN WOODWORKS &amp; TRIM, INC.</b>			
Principal Place of Business <b>13768 MANDARIN ROAD JACKSONVILLE, FL 32223 US</b>		Mailing Address <b>2861 MADRID AVENUE EAST JACKSONVILLE, FL 32217 US</b>	
4. FEI Number <b>20-1252076</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202</b>			
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 <u><i>Maria Grace B. Smith</i></u> <u>President</u> <u>4-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD	U000000750771 05/18/07-80076-010 150.00	
NAME	SMITH, MARIA G		
STREET ADDRESS	2861 MADRID AVENUE EAST		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		
TITLE	VP		
NAME	SMITH, GREGORY S		
STREET ADDRESS	2861 MADRID AVENUE EAST		
CITY-ST-ZIP	JACKSONVILLE, FL 32217		
TITLE	S		
NAME	BASCELLI, HEATHER K		
STREET ADDRESS	13768 MANDARIN ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		
TITLE	T		
NAME	BASCELLI, BRANDON M		
STREET ADDRESS	13768 MANDARIN ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u><i>Maria Grace B. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<u>4/30/07</u> <u>908-737-0355</u> <small>Date Daytime Phone #</small>	