

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086981

FILED  
Apr 28, 2008  
Secretary of State

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:

2861 MADRID AVENUE EAST  
JACKSONVILLE, FL 32217 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  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

SMITH, MARIA GRACE B  
2861 MADRID AVENUE EAST  
JACKSONVILLE, FL 32217 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: MARIA GRACE SMITH

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, MARIA G  
Address: 2861 MADRID AVENUE EAST  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: VP ( ) Delete  
Name: SMITH, GREGORY S  
Address: 2861 MADRID AVENUE EAST  
City-St-Zip: JACKSONVILLE, FL 32217 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 exemption stated 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 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: MARIA GRACE B SMITH

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date