2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-17-2007 90059 027 ***150.00
P04000113267

FILED

07 MAY 15 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/06)

DOCUMENT # P04000113267

1. Entity Name

ART-U-CRAZY, INC.

Principal Place of Business	Mailing Address
6003 SAWGRASS POINT PORT ORANGE FL 32129 HALIFAX	6003 SAWGRASS POINT PORT ORANGE FL 32129 HALIFAX
2. Principal Place of Business - No P.O. Box # 4618 Halifax Dr.	3. Mailing Address 4618 Halifax Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Port Orange Fl 32127
City & State Port Orange Fl.	City & State
Zip 32127 / Country Volusia	Zip 32127 / Country Volusia

4. FEI Number 26-0099032 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUMBERT, VERONICA 6003 SAWGRASS POINT PORT ORANGE FL 32129	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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMBERT, VERONICA 6003 SAWGRASS POINT PORT ORANGE FL 32129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: [signature] 3-17-07 386 316-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #