

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90223 022 ***150.00

DOCUMENT # P04000118687

1. Entity Name
ARTISTIC PLACEHOLDER PRODUCTS, INC.



Principal Place of Business
10271 EAST THOMAS ROAD
FLORAL CITY, FL 34436

Mailing Address
P.O. BOX 955
FLORAL CITY, FL 34436

50016405



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0522105	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHNEIDER, ELLEN
10271 EAST THOMAS ROAD
FLORAL CITY, FL 34436

**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	O SCHNEIDER, ELLEN 10271 EAST THOMAS ROAD FLORAL CITY, FL 34436
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**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 352-585-3791
Date Daytime Phone #