

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000118687

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ARTISTIC PLACEHOLDER PRODUCTS, INC.

**Current Principal Place of Business:**

10271 EAST THOMAS ROAD  
FLORAL CITY, FL 34436

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 955  
FLORAL CITY, FL 34436

**New Mailing Address:**

**FEI Number:** 51-0522105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: SCHNEIDER, ELLEN  
Address: 10271 EAST THOMAS ROAD  
City-St-Zip: FLORAL CITY, FL 34436

I hereby 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 all other like empowered.

SIGNATURE: ELLEN SCHNEIDER

MRS

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date