

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90009 008 ***150.00

DOCUMENT # P04000132152 1. Entity Name ARTWORK BY MARIETTA, INC.			
Principal Place of Business 302 TARPON STREET ANAA MARIA, FL 34216		Mailing Address 302 TARPON STREET ANAA MARIA, FL 34216	
2. Principal Place of Business 302 Tarpon Street Suite, Apt. #, etc.		3. Mailing Address PO Box 564 Suite, Apt. #, etc.	
City & State Anna Maria, FL Zip 34216		City & State Anna Maria, FL Zip 34216	
Country USA		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, CHARLES H ESQ 501 MANATEE AVE SUITE D HOLMES BEACH, FL 34217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SCHULTZ, MARIETTA STREET ADDRESS 302 TARPON STREET CITY-ST-ZIP ANAA MARIA, FL 34216	<input type="checkbox"/> Delete	TITLE D NAME SCHULTZ, Marietta STREET ADDRESS 302 Tarpon Street CITY-ST-ZIP Anna Maria, FL 34216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHULTZ, EDWARD K STREET ADDRESS 302 TARPON STREET CITY-ST-ZIP ANAA MARIA, FL 34216	<input type="checkbox"/> Delete	TITLE D NAME SCHWITZ, Edward STREET ADDRESS 302 Tarpon Street CITY-ST-ZIP Anna Maria, FL 34216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Marietta Schultz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-25-05 (941) 778-7054 <small>Date Daytime Phone #</small>	