2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132152

1. Entity Name
ARTWORK BY MARIETTA, INC.

40045847

Principal Place of Business	Mailing Address
302 TARPON STREET ANNA MARIA, FL 34216 US	P O BOX 564 ANNA MARIA, FL 34216 US

03022008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		55-0897383	Not Applicable
City & State	City & State			
Zip	Country	Zip	Country	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
WEBB, CHARLES H ESQ 501 MANATEE AVE, SUITE D HOLMES BEACH, FL 34217	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, 2008 Fee will be $550.00**	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	D		TITLE			☐ Change	☐ Addition
NAME	SCHULTZ, MARIETTA	☐ Delete	NAME				
STREET ADDRESS	302 TARPON STREET		STREET ADDRESS				
CITY-ST-ZIP	ANNA MARIA, FL 34216		CITY-ST-ZIP				

TITLE	D		TITLE			☐ Change	☐ Addition
NAME	SCHULTZ, EDWARD K	☐ Delete	NAME				
STREET ADDRESS	302 TARPON STREET		STREET ADDRESS				
CITY-ST-ZIP	ANNA MARIA, FL 34216		CITY-ST-ZIP				

TITLE			TITLE			☐ Change	☐ Addition
NAME		☐ Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

TITLE			TITLE			☐ Change	☐ Addition
NAME		☐ Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

TITLE			TITLE			☐ Change	☐ Addition
NAME		☐ Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

TITLE			TITLE			☐ Change	☐ Addition
NAME		☐ Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: X *Marietta Schultz* President   X 3-12-08   941-779-1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #