


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90207 007 ***150.00

DOCUMENT # P04000171556					
1. Entity Name ARTAMUS COATINGS, INC. 727-470-3171					
Principal Place of Business PO BOX 108 CRYSTAL BEACH, FL 34681			Mailing Address PO BOX 108 CRYSTAL BEACH, FL 34681		
2. Principal Place of Business - No P.O. Box # 144 MARYLAND AVE		3. Mailing Address Pobox 2191			
Suite, Apt. #, etc. 2		Suite, Apt. #, etc.			
City & State CRYSTAL BEACH, FL		City & State Palm Harbor, FL		4. FEI Number 01-0825838	
Zip 34681 Country USA		Zip 34682 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARZA, ARTHUR 144 MARYLAND AVE., #2 CRYSTAL BEACH, FL 34681			7. Name and Address of New Registered Agent Name ARTHUR GARZA Street Address (P.O. Box Number is Not Acceptable) 144 MARYLAND AVE #2 City FL CRYSTAL Beach FL Zip Code 34681		
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: <i>Arthur Garza</i> DATE: 4-24-07					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	P GARZA, ARTHUR PO BOX 108 CRYSTAL BEACH, FL 34681		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR GARZA Pobox 2191 Palm Harbor FL 34682	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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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: <i>Arthur Garza</i> DATE: 4-24-07 727-470-3171					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					