## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## **FILED** Jun 12, 2007 8:00 am Secretary of State

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DOCUMENT # P05000002722  1. Entity Name ART CONTRACTING, INC.	05-14-200/900/3 045 *** 150.00
Principal Place of Business  2914 MADRID AVENUE  JACKSONVILLE, FL 32217  US  Mailing Address  2914 MADRID AVENUE  JACKSONVILLE, FL 32217	us 66018690
DO NOT WRITE IN THIS SPA	03292007 No Chg-P CR2E034 (11/05)  4. FEI Number
6. Name and Address of Current Registered Agent	Fee Required
DANGOLLI, ARTUR 2914 MADRID AVENUE JACKSONVILLE, FL 32217	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: Superior of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent and accept the obligations of registe	
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.	
10. OFFIGERS AND DIRECTORS	: 7
NAME DANGOLLI, ARTUR	
STREET ADDRESS 2914 MADRID AVENUE CITY-ST-ZP JACKSONVILLE, FL 32217	
TIRE VP/S	<b>1</b> ; <b>1</b>
NAME DANGOLLI, ENTELA STRET ADDRESS 2914 MADRID AVENUE	·
CITY-ST-ZP JACKSONVILLE, FL 32217	_[
HAVE	
STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE	IN THIS SPACE
NAME STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP	
TITLE NAME	;
STREET ADDRESS	
TITLE	-
NAME	
STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling 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.	