

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT.(AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90003 028 \*\*\*150.00

**DOCUMENT # P05000005581**

1. Entity Name

ARTISTIC CONTRACTORS, INC.



Principal Place of Business

8115 SEVEN MILE DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address

8115 SEVEN MILE DRIVE  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business - No P.O. Box #

1850 S. Mealy St.

Suite, Apt. #, etc.

3. Mailing Address

1850 S. Mealy St.

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-3682507

Applied For

Not Applicable

Zip

32233

Country

Duval

Zip

32233

Country

Duval

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

GLAWE, RANDALL S  
8115 SEVEN MILE DRIVE  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

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 state 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME GLAWE, RANDALL S ☐ Delete  
STREET ADDRESS 8115 SEVEN MILE DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE TREA  
NAME GLAWE, RANDALL S ☐ Delete  
STREET ADDRESS 8115 SEVEN MILE DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE SEC  
NAME GLAWE, SUSAN D ☐ Delete  
STREET ADDRESS 8115 SEVEN MILE DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME Scott Glawe ☐ Change ☒ Addition  
STREET ADDRESS 217 18th Ave North  
CITY-ST-ZIP Jacksonville Beach, FL 32250

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08

904-853-6853

Date

Daytime Phone #