2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

	ANNUAL	REPURI	
DOCUMENT	#P05000064	504	

1. Entity Name

JEANNE SYREN ARTIST, INC.



Principal Place of Business

Mailing Address

120 10 AVE NW NAPLES, FL 34120

SIGNATURE:

120 10 AVE NW NAPLES, FL 34120



01232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2840998 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SAMOUCE, MURRELL & GAL, P.A. 5405 PARK CENTRAL COURT NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its region	stered office or r	egistered agent, or bo	oth, in the State of Florida. 1 am t	amiliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	(NOTE Reci	stered Agent signature	required when reinstating)	DATE	<u> </u>	
	organica, 1900 or printed trains or registered agent and me-			_	, , , , , , , , , , , , , , , , , , ,		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign F Trust Fund Contributi 		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SYREN, JEANNE 120 10 AVE NW NAPLES, FL 34120						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00000063513; 02/23/07-80002	2 -008 i50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						,	
TITLE NAME STREET ADDRESS 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.							

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR