

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90270 015 ***150.00

DOCUMENT # P05000151328

1. Entity Name
ARTISANS FINE WOODWORKING, INC.



Principal Place of Business
**3859 BEE RIDGE RD.
SARASOTA, FL 34233**

Mailing Address
**3859 BEE RIDGE RD.
SARASOTA, FL 34233**



01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

2160 WHITFIELD PARK LOOP

3. Mailing Address

3859 BEE RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

20-4054701

Applied For

Not Applicable

Zip
34243

Country

MANATEE

Zip

34233

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMPTON, JOHN M.
1819 MAIN ST., STE. 610
SARASOTA, FL 34236**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSTON, TODD J.
3859 BEE RIDGE RD.
SARASOTA, FL 34233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOHNSTON, KAREN L.
3859 BEE RIDGE RD.
SARASOTA, FL 34233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/06

941-925-4400