## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000070570

Title:

Name:

Address:

City-St-Zip:

( ) Delete

**FILED** May 19, 2009 Secretary of State

Entity Name: ARTEZIA GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 1856 FLOWING WELL ROAD BONIFAY, FL 32425 **Current Mailing Address: New Mailing Address:** 1856 FLOWING WELL ROAD BONIFAY, FL 32425 FEI Number: 30-0496033 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MANUEL, JAY W 314 MAGNOLIA AVENUE PANAMA CITY, FL 32401 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition MANUEL, JOHN W MANUEL, JOHN W Name: Name: 1856 FLOWING WELL ROAD 1856 FLOWING WELL ROAD Address: Address: City-St-Zip: BONIFAY, FL 32425 City-St-Zip: BONIFAY, FL 32425 Title: Title: (X) Change ( ) Addition () Delete HAND, RANDALL A HAND, RANDALL A Name: Name: 1856 FLOWING WELL ROAD 1856 FLOWING WELL ROAD Address: Address: BONIFAY, FL 32425 BONIFAY, FL 32425 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VΡ SIGNATURE: EDWIN HILL 05/19/2009

( ) Change (X) Addition

HILL, EDWIN

BONIFAY, FL 32425

1856 FLOWING WELL ROAD