

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009431

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ARTESANI MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

19901 CHAPEL TRACE  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

19901 CHAPEL TRACE  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 26-4176892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ICARD,MERRILL,CULLIS,TIMM,FUREN&GINSBURG P  
ATTN: F. THOMAS HOPKINS  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ARTESANI, SR, MICHAEL C  
Address: 19901 CHAPEL TRACE  
City-St-Zip: ESTERO, FL 33928

Title: D  
Name: ARTESANI, LYNDAL  
Address: 19901 CHAPEL TRACE  
City-St-Zip: ESTERO, FL 33928

I hereby 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 all other like empowered.

SIGNATURE: LYNDAL ARTESANI

D

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date