

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P34192

1. Entity Name
ARTX, INC.



Principal Place of Business
**5536 W. LINEBAUGH AVE
TAMPA, FL 33624 US**

Mailing Address
**1455 HALSEY WAY
CARROLLTON, TX 75007 US**

U00000438058
02/28/06-80073-012 158.75



DO NOT WRITE IN THIS SPACE

02112006 No Chg-P CR2E034 (11/05)

4. FEI Number **76-1969655** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ENGLANDER & FISCHER, PA.
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

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 fee 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	PVD
NAME	DOZZO, MARIO
STREET ADDRESS	1455 HALSEY WAY
CITY-ST-ZIP	CARROLLTON, TX
TITLE	ST
NAME	DOZZO, DAVID
STREET ADDRESS	1455 HALSEY WAY
CITY-ST-ZIP	CARROLLTON, TX
TITLE	VP
NAME	GRIMES, JOHN P
STREET ADDRESS	1455 HALSEY WAY
CITY-ST-ZIP	CARROLLTON, TX 75007
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

02/11/06

Date

972 245 7292

Daytime Phone #