DOCCOMENT # P93000015478 Secretary of State 1. Entity Name ALL THAT ART, INC. Secretary of State Principal Place of Business Mailing Address Secretary of State 18 SW BROADWAY 18 SW BROADWAY OCALA, FL 34474 OCALA, FL 34474 US US DO NOT WRITE IN THIS SPACE 07112004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For	2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED	
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E. Name and Address of Current Registered Agent LEE. STEPHEN P IS SW BROADWAY OCALA, FL 34474 DO NOT WRITE IN THIS SPACE IN THI	D	O NOT WRITE	IN THIS SPA	CE	07112004 4. FEI Numb 65-038	No Chg-P CR2E034 (10/03) her Applied For 39922 Not Applicable \$8.75 Additional	
18 SW BROADWAY DO INFO WITTE IN THIS SPACE 6. The above nemed entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the doligations of registered agent. In this SPACE SIGNATURE grazule, fued or phase large any state of accept agent. OUT Ingulared Agent aguntale maintains) DIT FILE NOWILI FEE IS \$150.00 Tous by September 8, 2004 9. Election Camping Financing Trust Fund Contribution. \$5,00 May be Added to Fees In accordance with s. 607, 193(2)(b), F.S. the corporation did not receive the prior notice. 10. OFFICIENS AND DIRECTORS In accordance with s. 607, 193(2)(b), F.S. the rust Fund Contribution. In accordance with s. 607, 193(2)(b), F.S. the corporation did not receive the prior notice. 10. OFFICIENS AND DIRECTORS In accordance with s. 607, 193(2)(b), F.S. the rust Fund Contribution. In accordance with s. 607, 193(2)(b), F.S. the corporation did not receive the prior notice. 10. OFFICIENS AND DIRECTORS Intellet. Info/00101155414 10. OCALA, FL Info/00101155414 10. OCALA, FL DO NOT WRITE IN THIS SPACE 11. E.R. ROBERT G SIGN MARKS SIGN	· <u>········</u> ···························	6. Name and Address of Current Re	gistered Agent	1	<u></u>		
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 NAML STREET ADDRESS CITY: ST-ZIP 12. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 certify 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 charged, or on an attachment with an address, with all other five empowered. 	NAME STREET ADDRESS						
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