

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000056751**

1. Entity Name  
**ART/TOURS, INC.**



Principal Place of Business  
**2293 VENETIA PL  
INDIALANTIC, FL 32903**

Mailing Address  
**2293 VENETIA PL  
INDIALANTIC, FL 32903**

**FILED**

**11 MAY -9 AM 8:40**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282011 Chg-P CR2E034 (11/08)

City & State

City & State

4. FEI Number  
**59-3201020**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TSAMOUTALES, MARY  
2293 VENETIA PLACE  
INDIA LANTIC, FL 32903**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2011 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DPST TSAMOUTALES, MARY**  
STREET ADDRESS **2293 VENETIA PLACE**  
CITY - ST - ZIP **INDIALANTIC, FL 32903**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP **04/29/11--01013--001 \*\*150.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP **300205799233  
04/29/11--01013--001 \*\*150.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: Mary Tsamoutales  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1 321-777-7761  
Date Daytime Phone #

51200