
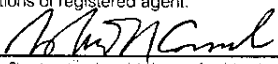
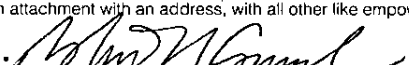


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90115 002 \*\*\*150.00

<b>DOCUMENT # P94000055650</b>					
<b>1. Entity Name</b> <b>DISK ART, INC.</b>					
<b>Principal Place of Business</b> <b>3592 PINTAIL DRIVE SOUTH</b> <b>JACKSONVILLE BEACH, FL 32250</b>			<b>Mailing Address</b> <b>3592 PINTAIL DRIVE SOUTH</b> <b>JACKSONVILLE BEACH, FL 32250</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-3257193</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CONRAD, ROBERT R</b> <b>3592 PINTAIL DRIVE SOUTH</b> <b>JACKSONVILLE BEACH, FL 32250</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>  SIGNATURE  <b>ROBERT R. CONRAD</b> <span style="float: right;"><b>8/31/04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CONRAD, ROBERT R 10 10TH ST #D-21 ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CONRAD, ROBERT R. 3592 PINTAIL DRIVE SOUTH JACKSONVILLE BEACH FL 32250
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GLICK, MARCIA 10 10TH ST #D-21 ATLANTIC BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONRAD, MARCIA A. 3592 PINTAIL DRIVE SOUTH JACKSONVILLE BEACH FL 32250
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>12. I hereby certify that the information supplied with this filing 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 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.</b>					
<b>SIGNATURE:</b>  <b>ROBERT R. CONRAD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>8/31/04</b> <span style="float: right;"><b>246 4250</b></span> <small>Date Daytime Phone #</small>	

54071849



05242004 Chg-P CR2E034 (10/03)