

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90037 046 ***150.00

DOCUMENT # P95000012075

1. Entity Name
ARTISAN OF SEAGROVE BEACH, INC.



Principal Place of Business
**129 EDEN GARDENS ROAD
POINT WASHINGTON, FL 32454**

Mailing Address
**P.O. BOX 4774
SEASIDE BRANCH
SANTA ROSA BEACH, FL 32459-4774 US**



2. Principal Place of Business - No P.O. Box #
129 Eden Gardens Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-P CR2E034 (12/06)

City & State
Point Washington, FL

City & State

4. FEI Number
59-3299191

Applied For
Not Applicable

Zip **32459** Country

Zip Country

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

6. Name and Address of Current Registered Agent

**HORN, PETER M JR.
357 CANAL STREET
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HORN, PETER M JR.**
STREET ADDRESS **357 CANAL STREET**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **D** ☐ Delete
NAME **HORN, SUSAN**
STREET ADDRESS **357 CANAL STREET**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Susan Horn **Susan Horn**

1-24-07

850-231-4604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #