

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000014156

**Entity Name:** ARTISTIC ENDEAVORS, INC.

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7619 WASHINGTON ST.  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

7619 WASHINGTON ST.  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

**FEI Number:** 59-3311023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLIER, JAMES H SR  
7840 PIER ROAD  
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FINOTTI, ROBERT L  
Address: 7619 WASHINGTON ST.  
City-St-Zip: PORT RICHEY, FL 34668

Title: VP  
Name: COLLIER, JAMES H SR.  
Address: 7840 PIER ROAD  
City-St-Zip: PORT RICHEY, FL 346686442

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H COLLIER SR

VP

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date