

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90065 020 \*\*\*150.00

**DOCUMENT # P95000039723**

1. Entity Name  
**ARTEMIS, INC.**



Principal Place of Business      Mailing Address  
 209 VIA LINDA      209 VIA LINDA  
 PALM BEACH FL 33480      PALM BEACH FL 33480

64007443



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
*301 SOUTH COUNTY ROAD*      *301 SOUTH COUNTY ROAD*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*PALM BEACH FL*      *PALM BEACH, FL*

4. FEI Number      Applied For  
**65-0585746**       Not Applicable

Zip      Country      Zip      Country  
*33480*      *USA*      *33480*      *USA*

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

6. Name and Address of Current Registered Agent  
**PENNACCHI, ROSA**  
 209 VIA LINDA  
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent  
 Name *PENNACCHI, ROSA*  
 Street Address (P.O. Box Number is Not Acceptable)  
*301 SOUTH COUNTY ROAD*  
 City *PALM BEACH*      FL      Zip Code *33480*

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.

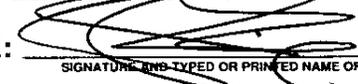
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PENNACCHI, ROSA 209 VIA LINDA PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PENNACCHI ROSA</i> <i>301 SOUTH COUNTY ROAD</i> <i>PALM BEACH, FL 33480</i> <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
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

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.

**SIGNATURE:**  **ROSA PENNACCHI**      *JAN 27/04*      *561-835-9702*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #