


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

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 #