

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000050937

1. Entity Name  
ARTISTIQUE PLASTERING, INC.



Principal Place of Business  
1107 SW SPRUCE ST  
PALM CITY, FL 34990 US

Mailing Address  
1107 SW SPRUCE CT  
PALM CITY, FL 34990 US

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0677144

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JENSEN, MARK  
1107 SW SPRUCE STREET  
PALM CITY, FL 34990

**DO NOT WRITE  
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

02/02/05-80107-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JENSEN, SCOTT
STREET ADDRESS	7892 SWAN AVENUE
CITY - ST - ZIP	PORT ST LUCIE, FL
TITLE	S
NAME	SAMPLE, SCOTT
STREET ADDRESS	5110 SEAGRAPE DR
CITY - ST - ZIP	FT PIERCE, FL 34982
TITLE	P
NAME	JENSEN, MARK
STREET ADDRESS	1107 SW SPRUCE STREET
CITY - ST - ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05  
Date

772-286-4871  
Daytime Phone #