


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 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
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JENSEN, MARK 1107 SW SPRUCE STREET PALM CITY, FL 34990

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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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENSEN, SCOTT 7892 SWAN AVENUE PORT ST LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAMPLE, SCOTT 5110 SEAGRAPE DR FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JENSEN, MARK 1107 SW SPRUCE STREET PALM CITY, FL 34990
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02/08/06-80046-003 150.00

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: Mark Jensen 1-23-06 778-286-4871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #