

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90024 038 ***150.00

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

2. Principal Place of Business - No P.O. Box #
735 SE MONTEREY RD
Suite, Apt. #, etc
#7

3. Mailing Address
735 SE MONTEREY RD
Suite, Apt. #, etc
#7



01242007 Chg-P CR2E034 (12/06)

City & State
STUART, FLORIDA
Zip
34994 Country
MARTIN

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STUART, FLORIDA
Zip
34994 Country
MARTIN

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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's signature required when filing this statement.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME
JENSEN, SCOTT
STREET ADDRESS
7892 SWAN AVENUE
CITY-ST-ZIP
PORT ST LUCIE, FL

TITLE **S** ☐ Delete
NAME
SAMPLE, SCOTT
STREET ADDRESS
5110 SEAGRAPE DR
CITY-ST-ZIP
FT PIERCE, FL 34982

TITLE **P** ☐ Delete
NAME
JENSEN, MARK
STREET ADDRESS
1107 SW SPRUCE STREET
CITY-ST-ZIP
PALM CITY, FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #