

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104170

Entity Name: ARTISTIC SURROUNDINGS, INC.

FILED  
Apr 18, 2005  
Secretary of State

## Current Principal Place of Business:

21301 S TAMIAMI TR  
STE 440  
ESTERO, FL 33928 US

## New Principal Place of Business:

## Current Mailing Address:

21301 S TAMIAMI TR  
STE 440  
ESTERO, FL 33928 US

## New Mailing Address:

FEI Number: 59-3418538      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHUMANN LAW GROUP  
13141 MCGREGOR BLVD STE 9  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TOMPKINS, THOMAS  
Address: 24761 PENNEY ROYAL DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: TOMPKINS, CATHERINE  
Address: 24761 PENNEY ROYAL DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: GABRIEL, LISA  
Address: 23141 N LANDING BLVD  
City-St-Zip: ESTERO, FL 33928

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA GABRIEL

D

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date