


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90392 021 \*\*\*158.75

**DOCUMENT # P96000104448**

1. Entity Name  
**ARTPOL SERVICE, INC.**



Principal Place of Business      Mailing Address  
**626 S.W. MCHOLE AVE**      **626 S.W. MCHOLE AVE**  
**PORT SAINT LUCIE FL 34953**      **PORT SAINT LUCIE FL 34953**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0668314**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE      CR2E034 (10/04)

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

**LUCZKOWIEC, ARTHUR**  
**626 SW MCHOLE AVE.**  
**PORT SAINT LUCIE FL 34953**

**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 signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>LUCZKOWIEC, ARTHUR</b>
STREET ADDRESS	<b>120 DAY LILY DR.</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>PYRKOWSKA, ELZBIETA</b>
STREET ADDRESS	<b>626 S.W. MCHOLE AVE</b>
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34953</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>GADOMSKI, EDYTA</b>
STREET ADDRESS	<b>8774 SE WATER OAK PLACE</b>
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>LUCZKOWIEC, EWA</b>
STREET ADDRESS	<b>120 DAY LILY DR</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1825 FLOWER DR.</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1825 FLOWER DR.</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**  **ARTHUR LUCZKOWIEC**      04/08/2005      (772)871-0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #