


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000006255 1. Entity Name ED VELEZ, COMMERCIAL ARTIST, INC.	
---	---

Principal Place of Business 411 NO GRIFFITH AVE. CRYSTAL RIVER, FL 34429	Mailing Address 411 NO GRIFFITH AVE. CRYSTAL RIVER, FL 34429
--	--

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3424346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VELEZ, EDWARD
411 NO GRIFFITH AVE.
CRYSTAL RIVER, FL 34429

**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: Edward Velez Edward Velez 1/26/04
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, 2004 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 VELEZ, EDWARD 411 NO GRIFFITH AVE. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELEZ, SMIRNA L 411 NO GRIFFITH AVE. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000021720
01/30/04-80016-012 158.75

**DO NOT WRITE
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: Edward Velez 1/26/04 (352) 795-9366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #