

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

DOCUMENT # P97000039345

1. Entity Name

ART LOVER PRODUCTS, INC.



**FILED  
Apr 13, 2005 8:00 am  
Secretary of State**

04-13-2005 90017 005 \*\*\*150.00

Principal Place of Business

625 S MISSOURI AVE  
CLEARWATER FL 33756  
US

Mailing Address

625 S MISSOURI AVE  
CLEARWATER FL 33756  
US

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

59-3447199

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MISSONIS, PAUL J JR  
1551 MAPLE ST  
CLEARWATER FL 33755

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MISSONIS, JR P  
STREET ADDRESS 1551 MAPLE STREET  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VS  
NAME MISSONIS, MOLLY  
STREET ADDRESS 1551 MAPLE ST  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE T  
NAME MISSONIS, GRANT  
STREET ADDRESS 1551 MAPLE ST  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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:

Molly Missanis

408-05

727 447 4261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20030367



1st MOORE CR2E034 (10/04)