

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90174 048 ***150.00

DOCUMENT # P97000039345

1. Entity Name

ART LOVER PRODUCTS, INC.



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

1411 DRUID RD. E

Suite, Apt. #, etc.

3. Mailing Address

1411 DRUID RD E.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

Zip 33756

Country USA

City & State

CLEARWATER FL

Zip 33756

Country USA

4. FEI Number

59-3447199

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

MISSIONIS, 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)

1411 DRUID RD. E

City

CLEARWATER

FL

Zip Code

33756

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, 2006 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 P ☐ Delete

NAME MISSIONIS, JR P
STREET ADDRESS 1411 DRUID RD
CITY-ST-ZIP CLEARWATER FL 33756

TITLE VS ☐ Delete

NAME MISSIONIS, MOLLY
STREET ADDRESS 1411 DRUID RD
CITY-ST-ZIP CLEARWATER FL 33756

TITLE T ☒ Delete

NAME MISSIONIS, GRANT
STREET ADDRESS 2068 SUNSET POINT RD #102
CITY-ST-ZIP CLEARWATER FL 33756

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 VS/T ☒ 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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Molly Missionis

4/14/06 7274474261

Date

Daytime Phone #