2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90467 039 ***150.00

DOCUMENT # P97000059353
1. Entity Name
A.T.B. CANVAS DESIGNS, INC.

Principal Place of Business	Mailing Address
#9 SHIPS WAY BIG PINE KEY, FL 33043	P O BOX 431762 BIG PINE KEY, FL 33043

2. Principal Place of Business	3. Mailing Address
#33 Ships Way	P.O. Box 431762
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Big Pine Key, FL	City & State: Big Pine Key, FL
Zip: 33043 Country: USA	Zip: 33043 Country: USA

05062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0766646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAREK, JOHN
#9 SHIPS WAY
BIG PINE KEY, FL 33043

7. Name and Address of New Registered Agent
Name: John Marek
Street Address (P.O. Box Number is Not Acceptable): #33 Ships Way
City: Big Pine Key FL Zip Code: 33043

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] John Marek 4/28/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $550.00~~
~~Due by September 8, 2004.~~

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 10	
TITLE: PSD NAME: MAREK, JOHN STREET ADDRESS: 31011 HOLLERICH DRIVE CITY-ST-ZIP: BIG PINE KEY, FL 33043	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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: [signature] John Marek 4/28/2004 (305) 872-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #