

# 2004 FOR PROFIT CORPORATION 2005 ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90568 005 \*\*\*150.00

DOCUMENT # P97000075620

1. Entity Name

ARTISTIC IMPORTS, INC.



Principal Place of Business

~~6810 YORKWOOD~~  
~~NAVARRE FL 32566~~

Mailing Address

~~PO BOX 15363~~  
~~PANAMA CITY FL 32406~~  
3749D GULF BREEZE PKWY, BOX 267  
GULF BREEZE, FL ~~32406~~ 32561

20036496



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number

59-3466335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAVRANEK, JOHN

~~6810 YORKWOOD~~

~~PO BOX 15363~~

~~NAVARRE FL 32566~~

3749D GULF BREEZE  
PKWY BOX 267  
GULF BREEZE, FL  
32561

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, 2004 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 PD  
NAME HAVRANEK, JOHN D SR  
STREET ADDRESS ~~PO BOX 15363~~ 3749D GULF BREEZE PKWY  
CITY-ST-ZIP ~~PANAMA CITY FL 32406~~ Gulf Breeze, FL 32561

TITLE TD  
NAME HAVRANEK, BARBARA  
STREET ADDRESS ~~PO BOX 15363~~ 3749D Gulf Breeze Pkwy Box 267  
CITY-ST-ZIP ~~PANAMA CITY FL 32406~~ GULF BREEZE, FL 32561

TITLE SD  
NAME HAVRANEK, CAROLYN  
STREET ADDRESS 2415 NICOLE DR. 176 PEAK VIEW CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405 FLORISSANT, CO

TITLE  
NAME  
STREET ADDRESS 80816  
CITY-ST-ZIP

TITLE  
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4/13/05  
WE DID NOT RECEIVE  
OUR 2005 ANNUAL  
REPORT.  
IF THIS IS NOT  
OK LET US KNOW.  
TKS  
Carolyn Havranek

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:

*Carolyn Havranek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #