

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000075620

1. Entity Name

ARTISTIC IMPORTS, INC.



Principal Place of Business

417 COLLINWOOD LOOP
FOLEY AL 36535

Mailing Address

3749D GULF BREEZE PKWY
BOX 267
GULF BREEZE FL 32561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3466335

Applied For

Not Applicable

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
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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HAVRANEK, JOHN D SR
STREET ADDRESS 3749D GULF BREEZE PKWY, BOX 267
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000441187
03/03/06-80025-018 150.00

TITLE TD ☐ Delete
NAME HAVRANEK, BARBARA
STREET ADDRESS 3749D GULF BREEZE PKWY, BOX 267
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HAVRANEK, CAROLYN
STREET ADDRESS 176 PEAK VIEW CIRCLE
CITY-ST-ZIP FLORISSANT CO 80816

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

JOHN HAVRANEK

2/16/06

850-276-1170