


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 008 ***150.00

DOCUMENT # P97000076736 1. Entity Name ART SYSTEMS OF FLORIDA, INC.					
Principal Place of Business 1740 SERMORAN BLVD SUITE 124 WINTER PARK, FL 32792			Mailing Address 1740 SERMORAN BLVD SUITE 124 WINTER PARK, FL 32792		
2. Principal Place of Business 1740 STATE ROAD 436 Suite, Apt. #, etc.		3. Mailing Address 1740 STATE ROAD 436 Suite, Apt. #, etc.			
City & State WINTER PARK FL. Zip 32792		City & State WINTER PARK FL. Zip 32792		4. FEI Number 59-3471100 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYNARD, LINDA A 1740 SERMORAN BLVD SUITE 124 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name MAYNARD, LINDA A. Street Address (P.O. Box Number is Not Acceptable) 1740 STATE ROAD 436 City WINTER PARK FL Zip Code 32792		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MAYNARD, LINDA A 1740 SERMORAN BLVD SUITE 124 WINTER PARK, FL 32792 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP P MAYNARD, LINDA A. 1740 STATE ROAD 436 WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP V MAYNARD, PERCY 1740 STATE ROAD 436 WINTER PARK, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Linda A. Maynard</u> LINDA A. MAYNARD 3-10-04 407-679-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					