

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000083810



1. Entity Name

ART REPRODUCTIONS, INC.

Principal Place of Business

**40905 MAXWELL RD
UMATILLA FL 32784**

Mailing Address

**40905 MAXWELL RD
UMATILLA FL 32784**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3470192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYBRAND, C M
728 W CANAL STREET
NEW SMYRNA BEACH FL 32169**

7. Name and Address of New Registered Agent

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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: PD ☐ Delete
NAME: SKORDAS, ALEXANDRIA
STREET ADDRESS: 40905 MAXWELL RD.
CITY- ST- ZIP: UMATILLA FL 32784

TITLE: VPD ☐ Delete
NAME: WEBB, GINA S
STREET ADDRESS: 2272 BRIDGEWOOD TR
CITY- ST- ZIP: ORLANDO FL 32818

TITLE: STD ☐ Delete
NAME: SKORDAS, SULTANA
STREET ADDRESS: 40905 MAXWELL RD.
CITY- ST- ZIP: UMATILLA FL 32784

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: 000000599046
CITY- ST- ZIP: 01/25/07-80011-008 150.00

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

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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:

Sultana Skordas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/07
Date

(352) 771-0095
Daytime Phone #