

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90150 028 \*\*\*150.00

DOCUMENT # P97000104084

1. Entity Name  
D.S. ARTIST, INC.



Principal Place of Business

4142 SW 22 CT. 1303 Cordova Ave  
CAPE CORAL, FL 33914 Fort Myers, FL 33901

Mailing Address

4142 SW 22 CT. 1303 Cordova Ave  
CAPE CORAL, FL 33914 Fort Myers, FL 33901

**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0744226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STONE, DEBRA A  
4142 SW 22 CT. 1303 Cordova Ave  
CAPE CORAL, FL 33914 Fort Myers, FL 33901

**DO NOT WRITE  
IN THIS SPACE**

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

*Debra Stone*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 26, 04*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
STONE, DEBRA A  
4142 SW 22 CT. 1303 Cordova Ave  
CAPE CORAL, FL 33914 Fort Myers, FL 33901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

*Debra Stone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-26-04* *239-246-0890*