

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90719 001 ***150.00

DOCUMENT # P98000003832	
1. Entity Name ARTISTIK KREATIONS, INC.	

Principal Place of Business 5900 S. TAMiami TRAIL, SUITE J SARASOTA, FL 34233	Mailing Address 5900 S. TAMiami TRAIL, SUITE J SARASOTA, FL 34233
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94080251



2. Principal Place of Business 623 N. Lime Ave.	3. Mailing Address 405651 BIDWELL PKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. ADMIRAL WALK #203
City & State SARASOTA, FL	City & State SARASOTA FL
Zip 34237	Country US
Zip 34232	Country US

01162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0805723	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VARASO, DANA 2237 BISPHAM ROAD SARASOTA, FL 34231	7. Name and Address of New Registered Agent Name VARASO, DANA Street Address (P.O. Box Number is Not Acceptable) 405651 BIDWELL PKWAY ADMIRAL WALK #203 City SARASOTA FL Zip Code 34232
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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.

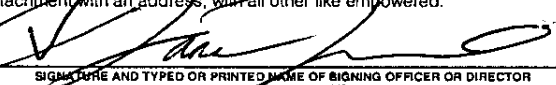
SIGNATURE **DANA VARASO**  DATE **2-18-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VARASO, DANA 5900 S. TAMiami TRAIL, SUITE J SARASOTA, FL 34231 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIPIST VARASO, DANA 5651 BIDWELL PKWAY ADMIRAL WALK #203 SARASOTA, FL 34232 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE **2-18-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR