

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000007569

1. Entity Name  
ART'S WINDOW DECOR, INC.



Principal Place of Business  
2903-2 BURKE ST  
JACKSONVILLE, FL 32254 US

Mailing Address  
2903-2 BURKE ST  
JACKSONVILLE, FL 32254 US

**DO NOT WRITE IN THIS SPACE**



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3558421

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FRAZIER, ARTHUR E SR.  
5046 ORTEGA COVE CIR.  
JACKSONVILLE, FL 32244-3202

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

1100000122027  
04/21/04-80012-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME FRAZIER, ARTHUR E SR.  
STREET ADDRESS 5046 ORTEGA COVE CIR.  
CITY-STATE-ZIP JACKSONVILLE, FL 322443202

TITLE S  
NAME FRAZIER, SHIRLEY E  
STREET ADDRESS 5046 ORTEGA COVE CIR  
CITY-STATE-ZIP JACKSONVILLE, FL 322443202

TITLE VP  
NAME FRAZIER, ARTHUR E JR  
STREET ADDRESS 5046 ORTEGA COVE CIR  
CITY-STATE-ZIP JACKSONVILLE, FL 322443202

TITLE VP  
NAME GRIFFIN, RICHARD E  
STREET ADDRESS 3508 ROSEMARY ST  
CITY-STATE-ZIP JACKSONVILLE, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
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(8)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04 904 389 9933