## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 26, 2005 08:00 AM **DOCUMENT # P99000014495 Secretary of State** A WORK OF ART OF N. FLA., INC. Principal Place of Business Mailing Address 1212 7TH ST NORTH 1212 7TH ST NORTH JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 No Chg-P CR2E034 (10/03) 02252005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3558135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent REGNIER, EUGENE ARTHUR II. DO NOT WRITE 1212 7TH ST NORTH JACKSONVILLE BEACH, FL 32250 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. ed name of registe agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME REGNIER, EUGENE ARTHUR II. 1212 7TH ST NORTH STREET ADDRESS U00000245055 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 02/28/05-80010-007 158.75 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trystee 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: (

IITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

EUGEUE A. K. 6. W. C. R.

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