

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90040 041 ***150.00

DOCUMENT # P99000097093

1. Entity Name

ART & CULTURE GROUP INC.



Principal Place of Business

6518 WINDING LAKE DR
JUPITER FL 33458

Mailing Address

6518 WINDING LAKE DR
JUPITER FL 33458

2. Principal Place of Business

66 St. James Dr.
Suite, Apt. #, etc.

3. Mailing Address

66 St. James Dr.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0961364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KESHAVARZ, LUCY
6518 WINDING LAKE DR.
JUPITER FL 33458

66 St. James Dr.
Palm Beach Gardens, FL
33418

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 reinstating)

4/5/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	PTV	<input checked="" type="checkbox"/> Delete
NAME	KESHAVARZ, LUCY	
STREET ADDRESS	6518 WINDING LAKE DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KESHAVARZ, LUCY	
STREET ADDRESS	6518 WINDING LAKE DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keshavatz, Lucy	
STREET ADDRESS	66 St. James Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keshavatz, Lucy	
STREET ADDRESS	66 St. James Dr.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-505 (56) 622-9892