

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # S77400

1. Entity Name
ARTISTIC CONCEPTS OF BRADENTON, INC.



Principal Place of Business

6302 MANATEE AVE W
SUITE C
BRADENTON FL 34209

Mailing Address

6302 MANATEE AVE W
SUITE C
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0318908 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FIELDS, DAVID
100 WALLACE AVE.
S-330
SARASOTA, FL 34237

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000640609
02/28/07-80074-002 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------|
| TITLE | P |
| NAME | BYRNE, DAVID |
| STREET ADDRESS | 916 72 ND NW |
| CITY-ST-ZIP | BRADENTON, FL |

| | |
|----------------|----------------|
| TITLE | VPS |
| NAME | BYRNE, TIFFANY |
| STREET ADDRESS | 916 72ND ST NW |
| CITY-ST-ZIP | BRADENTON, FL |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| NAME | |
| STREET ADDRESS | |
| 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 exemptions contained in Chapter 119, 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

DAVID BYRNE
PRESIDENT

Date

1/9/07 941-794-0838

Daytime Phone #