

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90016 008 \*\*\*150.00

**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

**40110162**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0318908

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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	BRANDENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:**

*David Byrne*

DAVID BYRNE PRESIDENT 7/7/08

941-794-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Artisti  
Concepts**

ATTACHMENT

40110162

\$377400

We Create Smiles

David Byrne  
Tiffany Seuch

I APOLOGISE FOR THE LATE PAYMENT, HOWEVER  
YOUR NOTICE TO DISSOLVE IS THE ONLY REQUEST  
FOR PAYMENT RECEIVED.

THANK YOU FOR YOUR CONSIDERATION.

David Byrne