## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S78469

ADKINS, MARY E MS.

MELROSE, FL 32666

710 SEMINOLE RIDGE RD

Name:

Address:

City-St-Zip:

FILED Jan 03, 2007 Secretary of State

**Entity Name:** CONCEPTUAL ARTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3909 NEWBERRY ROAD SUITE A GAINESVILLE, FL 326072367 US **New Mailing Address: Current Mailing Address:** PO BOX 14608 GAINESVILLE, FL 326044608 US FEI Number: 59-3084185 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, JEFFREY S MR. 1513 S.E. 180 PLACE MICANOPY, FL 32667 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NELSON, JEFFREY S MR. Name: Name: 1513 S.E. 180 PLACE Address: Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip: Title: VST Title: () Delete (X) Change ( ) Addition MARSHALL, NANCY A MS. MARSHALL, NANCY A MS. Name: Name: 2625 GOLFVIEW DR 2625 GOLFVIEW DR Address: Address: MELBOURNE, FL 32901 MELBOURNE, FL 32901 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: JEFFREY S, NELSON 01/03/2007