


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V50513**  
 1. Entity Name  
**STEPHEN H. ARTMAN, P.A.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**925 SOUTH FLORIDA AVE** \_\_\_\_\_ **925 SOUTH FLORIDA AVE**  
**LAKELAND, FL 33803 US** \_\_\_\_\_ **LAKELAND, FL 33803 US**

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)  
 4. FEI Number **59-3134622** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**ARTMAN, STEPHEN H.**  
**925 SOUTH FLORIDA AVE**  
**LAKELAND, FL 33803.**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARTMAN, STEPHEN H. 925 SOUTH FLORIDA AVE LAKELAND, FL 33803
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00000307327  
 04/15/05-B0046-024 150.00  
**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **STEPHEN H. ARTMAN, Pres.** **4-13-05** **863-688-5252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #