

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 02, 2005 8:00 am
Secretary of State

04-20-2005 90319 029 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # V56371					
1. Entity Name ART LOVERS, INC.					
Principal Place of Business 82245 OVERSEAS HIGHWAY ISLAMORADA FL 33036			Mailing Address PO BOX 1099 TAVERNIER FL 33070		
2. Principal Place of Business 82240 Overseas Hwy			3. Mailing Address P.O. Box 1099		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Islamorada, FL		City & State Tavernier FL		4. FEI Number NO-T APPLICABLE	
Zip 33036	Country Monroe	Zip 33070	Country Monroe	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent COHN, DAVID M. 89051 OLD HWY PO BOX 1099 TAVERNIER FL 33070			7. Name and Address of New Registered Agent Name David M. Cohn Street Address (P.O. Box Number is Not Acceptable) 176 Harborview Dr. P.O. Box 1099 City Tavernier FL Zip Code 33070		
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 Nancy L. Cohn		Signature, typed or printed name of registered agent and title if applicable		Nancy L. Cohn U-Pres 4/15/05	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHN, DAVID M. 89051 OLD HWY, PO BOX 1099 TAVERNIER FL 33070 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID M. COHN 176 Harborview Dr. P.O. Box 1099 Tavernier FL 33070 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Nancy L. Cohn		Signature and typed or printed name of signing officer or director		Nancy L. Cohn 4/15/05 305-853-0595	

by David M. Cohn DM. Cohn - Owner 5-29-05 305/ 853-0595