2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V72679  1. Entity Name  ARTISTIC CONTRACTING, INC.									Feb 08, 20 Secreta			
Principal Plac	ce of Busines	<u> </u>	Mailing .	Address	<u> </u>							
2004 SW 36 TERRACE CAPE CORAL FL 33914				2004 SW 36 TERRA CAPE CORAL FL 33				110			<b>-</b>	1 II I <b>EW</b> I
2. Principal Place of Business			3. Mailin	3. Mailing Address			•					
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				1:	st MOORE CR2E	034 (10/04	)	
City & State			·	City & State				4. FEI Numb	<sup>oer</sup> 65-0365935		Not A	ed For pplicable
Zip			Zip			Country		5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent						-+-	Name	7. Name an	d Address of New Hegiste	red Agent		
MANKE, JAMES E. 2004 SW 36 TERRACE CAPE CORAL FL 33914						-	Street Address (	P.O. Box Numb	ber is Not Acceptable)			· · · · · · · · · · · · · · · · · · ·
						-	City			FL Zip (	Code	<u></u>
8. The above	named entit	y submits this statement if ered agent.	or the purpos	e of changing	its reg	gistered	office or register	red agent, or b	oth, in the State of Florida. I	am familiar v	vith, and	d accept
SIGNATURE	Signature, typed	or printed name of registered agen	I and title if applica	nee	NOTE Re	A beretzige	geni signalwa raquiroc	when reinstating)	2-	5-05 ATE		<u></u>
After	May 1, 200	FEE IS \$150.00 L 5 Fee Will Be \$550.0 Florida Department							9. Election Campaign Fir Trust Fund Contributio		\$5.00 Added t	May Be o Fees
10.		OFFICERS AND	DIRECTORS	3		11.		ADDITIONS	CHANGES TO OFFICERS	AND DIRECT	ORS IN	V 11
NAME STREET ADDRESS CITY ST-ZIP	1	AMES E 6TH TERRACE IAL FL 33914		Delete		HITLE NAME STREET: CITY-ST	ADDRESS Zip		000000220308 02/08/05-80065-	□ Chan 005 150.		Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		TITLE NAME STREET CITY-ST	ADDRESS ZIP			☐ Chan	ge [	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		TITLE NAME STREET A CHY-ST	AODRESS - Zip			☐ Chan	ge [	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete	1	UTLE NAME STREET A CITY-ST	ADDRESS - Zip			☐ Chan	ge [	Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP				☐ Delete		TITLE NAME STREET A	ADDRESS - Zip			☐ Chan	ge [	Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		TITLE NAME STREET A CITY-ST	ADDRESS ZIP			☐ Chan	ge [	Addition
indicated of the cor	i on this repor	information supplied wit t or supplemental report e receiver or trustee emp chment with an address,	is true and ac covered to ex	curate and the	at my s ort as r	e exemp signature required	otion stated in Se a shall have the d by Chapter 607	same legal effe , Florida Statut	(i), Florida Statutes, I further ect as if made under oath; thes, and that my name appear	certify that that that I am an offi at I am an offi ars in Block 1	ne infor icer or 0 or Bl	mation director ock 11 if

dress, with all other like empowered

PED ON PRINCIPLO NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**