

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000070466

**Entity Name:** ARTS OF HAND INC.

**Current Principal Place of Business:**

7138 ORCHID ISLAND PL  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

PO BOX 110433  
LAKEWOOD RANCH, FL 34211-0006 US

**FEI Number:** 46-3501585

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURLING CONSULTANTS, LLC  
9040 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 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

**Officer/Director Detail :**

Title P  
Name DUGGAN, JAMES  
Address 7138 ORCHID ISLAND PL  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title T  
Name DUGGAN, JAMES  
Address 7138 ORCHID ISLAND PL  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title S  
Name DUGGAN, JAMES  
Address 7138 ORCHID ISLAND PL  
City-State-Zip: LAKEWOOD RANCH FL 34202

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAMES DUGGAN

**PRESIDENT**

**02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date