

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K75501

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: CRAZY FLAMINGO, INC.

**Current Principal Place of Business:**

1047 1/2 N. COLLIER BLVD.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

1035 N. COLLIER BLVD.  
313  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

1049 NORTH COLLIER BLVD.  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

1035 N. COLLIER BLVD.  
313  
MARCO ISLAND, FL 34145 US

FEI Number: 65-0102459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAINONE, ANTHONY D  
795 WILLOW COURT  
MARCO ISLAND, FL 34745 US

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

RAINONE, ANTHONY D  
795 WILLOW COURT  
MARCO ISLAND, FL 34145 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: \_\_\_\_\_

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: RAINONE, ANTHONY D  
Address: 795 WILLOW CT.  
City-St-Zip: MARCO ISLAND, FL 34745

Title: V ( ) Delete  
Name: STOCKLEIN, PAUL J  
Address: 4542 HARVEY AVENUE  
City-St-Zip: WESTERN SPRINGS, IL 60558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: RAINONE, ANTHONY D  
Address: 795 WILLOW CT.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ANTHONY D. RAINONE

PRES

04/14/2004

Electronic Signature of Signing Officer or Director

Date