2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State
02-03-2004 90013 010 ***150.00

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1. Entity Name
WILD-N-CRAZY AIRBRUSH, INC.

Principal Place of Business	Mailing Address
~~435 S RIDGEWOOD AVE #210~~ ~~DAYTONA BCH, FL 32114~~ Change	~~435 S RIDGEWOOD AVE #210~~ ~~DAYTONA BCH, FL 32114~~

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
13 NO ATLANTIC AVE		SAME AS #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAYTONA BCH FLA		City & State	
Zip: 32118	Country: USA	Zip	Country

4. FEI Number 55-0833109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOLIOPULOS, GARY 101 S ATLANTIC AVE DAYTONA BCH, FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRES-TOWNER Gary Koliopulos 319 FORDHAM DR. DAYTONA BCH, FLA 32118 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X G Koliopulos 1/15/04 386 239-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #