2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90028 010 ***150.00

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DOCUMENT # P99000079660

1. Entity Name
CRAIG SPERANZI INNOVATIONS, INC.

Principal Place of Business	Mailing Address
10378 MEADOW POINT DR JACKSONVILLE, FL 32221	PO BOX 24630 JACKSONVILLE, FL 32241

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10378 Meadow Point Dr	10378 Meadow Point Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX FL	City & State: JAX FL
Zip: 32221 Country: US	Zip: 32221 Country: US

4. FEI Number: 59-3593610 ☐ 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
SPERANZI, CRAIG J 10378 MEADOW POINT DR JACKSONVILLE, FL 32221	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: CRAIG SPERANZI PRES — 1-22-04
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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPERANZI, CRAIG J		NAME	
STREET ADDRESS	10378 MEADOW POINT DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPERANZI, ERIKA		NAME	
STREET ADDRESS	10378 MEADOW POINT DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: CRAIG J SPERANZI — 1-22-04 — 904 759 1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #