


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 497216

1. Entity Name
FUN FACTORIES OF FLORIDA, INC.



Principal Place of Business 333 W. 14TH STREET PANAMA CITY, FL 32401 US	Mailing Address 333 W. 14TH STREET PANAMA CITY, FL 32401 US
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DO NOT WRITE IN THIS SPACE



06012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1650174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERRETT, ROBERT D.
333 W. 14TH STREET
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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.

U00000375153
08/01/05-80006-018 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STERRETT, ROBERT DALE 1706 NEW HAMPSHIRE AVE LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERRETT, BRIAN D 2205 WIND JAMMER AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Robert D. Sterrett **ROBERT D. STERRETT** 5/31/05 850-873-9940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #