


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 001 ***150.00

DOCUMENT #545110 1. Entity Name KRAZIES KUSTOM EMPORIUM, INC.	
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Principal Place of Business 860 N 8 ST. LAKE WORTH, FL 33462	Mailing Address 9804 SPANISH ISLES DRIVE BOCA RATON, FL 33496-1830
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40059450



2. Principal Place of Business - No P.O. Box # 860 N 8 Street, #2 Suite, Apt. #, etc.	3. Mailing Address 860 N 8 Street, #2 Suite, Apt. #, etc.
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04012008 Chg-P CR2E034 (12/06)

City & State Lantana, Florida	City & State Lantana, Florida	4. FEI Number 59-1764029	Applied For <input type="checkbox"/> Not Applicable
Zip 33462	Country USA	Zip 33462	Country USA

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

6. Name and Address of Current Registered Agent CULLON, ROBERT E 9804 SPANISH ISLES DRIVE BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Harrigan, Michael Street Address (P.O. Box Number is Not Acceptable) 860 N 8 Street, #2 City Lantana FL Zip Code 33462	
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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:  **Michael Harrigan** **4/2/08**
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CULLON, ROBERT E 9804 SPANISH ISLES DRIVE BOCA RATON, FL 334961830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harrigan, Michael 860 N 8 Street, #2 Lantana, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CULLON, MARTHA I 9804 SPANISH ISLES DRIVE BOCA RATON, FL 334961830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Michael Harrigan** **4/2/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #