

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90479 043 \*\*\*150.00

**DOCUMENT # K73012**

1. Entity Name  
**SPECTACULAR THEMES, INC.**



Principal Place of Business  
**% JACK ZWEIFEL  
3470 MAGGIE BLVD  
ORLANDO, FL 32811**

Mailing Address  
**% JACK ZWEIFEL  
3470 MAGGIE BLVD  
ORLANDO, FL 32811**

**44045258**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2934751**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ZWEIFEL, JACK E  
7957 CANYON LAKE CIR  
ORLANDO, FL 32835**

**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.

SIGNATURE *Jack Zewifel* (NOTE: Registered Agent signature required when reinstating) DATE Apr 20 04

**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

TITLE **D**  
NAME **ZWEIFEL, JACK**  
STREET ADDRESS **7957 CANYON LAKE CIRCLE**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE **VP**  
NAME **ZWEIFEL, RAYMOND**  
STREET ADDRESS **8816 VALLEY RIDGE COURT**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Jack Zewifel* *Jack Zewifel* APR 20 04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #