


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # M75615	
1. Entity Name M & P COSTUMES AND NOVELTIES FOR LESS, INC.	

Principal Place of Business 6220 RIDGE ROAD PORT RICHEY, FL 34668	Mailing Address 6220 RIDGE ROAD PORT RICHEY, FL 34668
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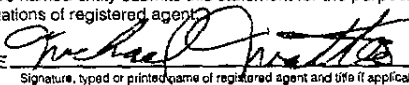
DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2877816	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 MATTEO, MICHAEL 5212 CORVETTE DR SUITE 1701 TAMPA, FL 33624	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.	

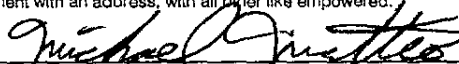
SIGNATURE 	1/23/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTEO, MICHAEL 5212 CORVETTE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SOBEL, LOUISE M. 4913 PENNSBURY DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/26/04-80067-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	1/23/04 727 817-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	