2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M75615

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

Principal Place of Business	Mailing Address
6220 RIDGE ROAD PORT RICHEY, FL 34668	6220 RIDGE ROAD PORT RICHEY, FL 34668

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2877816		Not Applicable

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

6. Name and Address of Current Registered Agent

MATTEO, MICHAEL
5212 CORVETTE DR
SUITE 1701
TAMPA, FL 33624

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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_____
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATTEO, MICHAEL
STREET ADDRESS	5212 CORVETTE DR
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	DV
NAME	SOBEL, LOUISE M.
STREET ADDRESS	4913 PENNSBURY DR
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Michael Matteo_   Michael Matteo   1/1/05   727-817-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   President   Date   Daytime Phone #