

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2877816	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applied	
6. Name and Address of Current Registered Agent MATTEO, MICHAEL 5212 CORVETTE DR SUITE 1701 TAMPA FL 33624				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				8.75 Additional Fee Required	
SIGNATURE <i>Michael Matteo</i> Signature, typed or printed name of registered agent and title if applicable				DATE 1/24/06 (NOTE: Registered Agent signature required when converting)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTEO, MICHAEL 5212 CORVETTE DR TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000405717 02/07/06-80049-020 150.00 ☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOBEL, LOUISE M. 4913 PENNSBURY DR TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Matteo* **1/24/06** **727-817-08**