


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009213 1. Entity Name CRITICAL MASS ARTPLOSION INCORPORATED	
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Principal Place of Business P.O.BOX 40692 ST PETERSBURG, FL 33743	Mailing Address P.O.BOX 40692 ST PETERSBURG, FL 33743
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0656780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEMEO, MARK F
720 7TH AVE N UNIT 8
ST PETERSBURG, FL 33701**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEMEO, MARK F 720 7TH AVE N UNIT 8 ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SARNO, CATHERYN 520 S ARMEINA AVE 1222 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, GABRIEL 5885 110TH AVE N PINELLAS PK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/04-80074-001 61.25

**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)(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 617, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 727 798 3696
Date Daytime Phone #