

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009213

1. Entity Name
CRITICAL MASS ARTPLOSION INCORPORATED



Principal Place of Business
P.O. BOX 40692
ST PETERSBURG, FL 33743

Mailing Address
P.O. BOX 40692
ST PETERSBURG, FL 33743



03212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0656780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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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, 2008**

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

U000000920395
05/14/08-80042-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

Mark DeM...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08
Date

727 798 3696
Daytime Phone #