

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90003 026 \*\*\*\*61.25

**DOCUMENT # N95000000931**

1. Entity Name

WIZARD PRODUCTIONS, INC.



Principal Place of Business

2611 BAYSHORE BOULEVARD  
APARTMENT 502  
TAMPA FL 33629

Mailing Address

2611 BAYSHORE BOULEVARD  
APARTMENT 502  
TAMPA FL 33629

44083370



MOORE

CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3327032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCOBAR, ELAINE  
2611 BAYSHORE BOULEVARD  
APARTMENT 502  
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ESCOBAR, ELAINE O ☐ Delete  
STREET ADDRESS 2311 BAYSHORE BLVD  
CITY-ST-ZIP TAMPA FL 33629

TITLE D  
NAME JOYCE, JERRY L ☐ Delete  
STREET ADDRESS 204 N. MACDILL AVE.  
CITY-ST-ZIP TAMPA FL 33609

TITLE D  
NAME JOYCE, JANET M ☐ Delete  
STREET ADDRESS 3924 W. TACON ST.  
CITY-ST-ZIP TAMPA FL 33629

TITLE D  
NAME ALBANO, OFELIA F ☐ Delete  
STREET ADDRESS 116 S. BRADFORD  
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Elaine Escobar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sept 1, 2004 813 254-3933*