

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000052308

**FILED**  
**Oct 16, 2008**  
**Secretary of State**

**Entity Name:** FANTASYLAND ADULT CENTER OF FLORIDA INC.

**Current Principal Place of Business:**

4715 N LOIS AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

4715 N LOIS AVE  
TAMPA, FL 33614 US

**Current Mailing Address:**

14479 BRUCE B DOWNS BLVD  
TAMPA, FL 33613

**New Mailing Address:**

126 CLARENCE POWERS ROAD  
ROCKHOLDS, KY 40759 US

**FEI Number:** 59-3652683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLADO, DONALD CPA  
14479 BRUCE B. DOWNS BLVD.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

SMITH, RANDALL C ESQ  
533 VERSAILLES DRIVE  
SUITE 100  
MAITLAND, FL 32751 US

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.

SIGNATURE: RANDALL C. SMITH

10/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KARAVAS, FRED A  
Address: 4715 N LOIS AVE  
City-St-Zip: TAMPA, FL 33614

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PHILPOT, DON  
Address: 4715 NORTH LOIS AVENUE  
City-St-Zip: TAMPA, FL 33614

Title: VPSD ( ) Change (X) Addition  
Name: BUTTERY, BRENDA  
Address: 4715 NORTH LOIS AVENUE  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA BUTTERY

S

10/16/2008

Electronic Signature of Signing Officer or Director

Date