
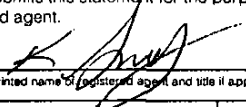
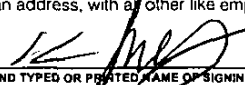


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90361 018 ***150.00

DOCUMENT # P01000038943																																																																																			
1. Entity Name KRAZEE PRODUCTIONS INC.																																																																																			
Principal Place of Business 400 WEST AIRPORT DRIVE SEBASTIAN, FL 32958			Mailing Address 412 N 1ST STREET JACKSONVILLE BEACH, FL 32250																																																																																
2. Principal Place of Business 801 2nd Street		3. Mailing Address 801 2nd Street																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																	
City & State Neptune Beach		City & State Neptune Beach		4. FEI Number 65-1099144																																																																															
Zip 32266		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																															
6. Name and Address of Current Registered Agent SHEEKEY, KAREN 412 N 1ST STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name SHEER 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:  4/21/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SHEEKEY, KAREN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>412 N 1ST STREET JACKSONVILLE BEACH, FL 32250</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SHEEKEY KAREN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>12022 Cobblewood Lane N Neptune Beach FL 32266</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	SHEEKEY, KAREN		CITY-ST-ZIP	412 N 1ST STREET JACKSONVILLE BEACH, FL 32250					TITLE	NAME	<input type="checkbox"/> Delete				TITLE	NAME	<input type="checkbox"/> Delete				TITLE	NAME	<input type="checkbox"/> Delete				TITLE	NAME	<input type="checkbox"/> Delete				TITLE	NAME	<input type="checkbox"/> Delete				TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	SHEEKEY KAREN		CITY-ST-ZIP	12022 Cobblewood Lane N Neptune Beach FL 32266					TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	<input checked="" type="checkbox"/> Delete																																																																																	
STREET ADDRESS	SHEEKEY, KAREN																																																																																		
CITY-ST-ZIP	412 N 1ST STREET JACKSONVILLE BEACH, FL 32250																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
TITLE	NAME	<input type="checkbox"/> Delete																																																																																	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																	
STREET ADDRESS	SHEEKEY KAREN																																																																																		
CITY-ST-ZIP	12022 Cobblewood Lane N Neptune Beach FL 32266																																																																																		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																	
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 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:  4/21/2006 904 338 3027 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																			