## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT DOCUMENT # P02000025181 1. Entity Name TONS OF FUN, INC.

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

Principal Place of Business

8220 STATE ROAD 84 #200 DAVIE, FL 33324

Mailing Address

8220 STATE ROAD 84 #200 DAVIE, FL 33324

|--|--|--|--|--|

01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 03-0401134

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BARR, DANIEL A 8220 STATE ROAD 84 #200 DAVIE, FL 33324

## DO NOT WRITE IN THIS SPACE

		11	N I HIS SPACE
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	ne purpose of changing its registered of	ffice or registered agent,	or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registered Age	nt signature required when reinsta	(ing) DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May B  Trust Fund Contribution.   Added to Fees		Be S	
10. OFFICERS AND DI	RECTORS		
NAME WAAS-RUSSIYAN, CINTHIA STREET ADDRESS 8220 STATE ROAD 84 #200 DAVIE, FL 33324	***		U00000016052 01/28/04-80041-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Title NAME STREET ADDRESS GTY-ST-ZIP		D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information symplicit with th	is filing does not quality for the exemption	on stated in Section 110	07/21/11 Clarida Chabrina I fruther and first that the information

Interest years the impartation supplied with this tilling does not quanty for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and their 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:

SIGNATURE AND TYPED OR PRINTED NAM

CINTHI

122/04

845.651.1550