

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90026 013 ***150.00

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1. Entity Name

THE CRACKIN' UP COMPANY



Principal Place of Business

PO BOX 12655
GAINESVILLE FL 32604

Mailing Address

PO BOX 12655
GAINESVILLE FL 32604

J4U06J30

2. Principal Place of Business

3445 NW 46TH PLACE

3. Mailing Address

3445 NW 46TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32605

Country

USA

Zip

32605

Country

USA

4. FEI Number

02-0589658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENCER, J
25355 WEST NEWBERRY RD
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name

SENCER, J.

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

3445 NW 46TH PLACE

City

GAINESVILLE

FL

Zip Code

32605

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SENCER, PATRICIA J
STREET ADDRESS PO BOX 12655
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE D ☐ Delete
NAME SENCER, JOEL
STREET ADDRESS PO BOX 12655
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR - PRESIDENT ☒ Change ☐ Addition
NAME SENCER, PATRICIA J.
STREET ADDRESS 3445 NW 46TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE DIRECTOR - VICE PRESIDENT ☒ Change ☐ Addition
NAME SENCER, JOEL
STREET ADDRESS 3445 NW 46TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32605

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

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 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:

Joel Sencer VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04
Date

352 375 7166
Daytime Phone #