

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-05-2004 90027 013 \*\*\*150.00  
P02000043368

FILED

04 APR 14 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOORE CR2E034 (11/03) 04

**DOCUMENT # P02000043368**

1. Entity Name  
**WACKADOO'S ENTERPRISES, INC.**



Principal Place of Business  
**23748 E. COLONIAL DRIVE  
CHRISTMAS FL 32709**

Mailing Address  
**23748 E. COLONIAL DRIVE  
CHRISTMAS FL 32709**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**32-0017341**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MONACO, DEAN  
13540 DORNOCH DRIVE  
ORLANDO FL 32828**

7. Name and Address of New Registered Agent  
Name **DEAN MONACO**  
Street Address (P.O. Box Number is Not Acceptable)  
**23748 E. Colonial Drive**  
City **Christmas** FL Zip Code **32709**

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 *Dean Monaco* (NOTE: Registered Agent signature required when reinstating) DATE **4/2/04**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MONACO, DEAN 23748 E. COLONIAL DRIVE CHRISTMAS FL 32709</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: *Dean Monaco* DATE **4-2-04** DAYTIME PHONE # **407-568-9889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR