
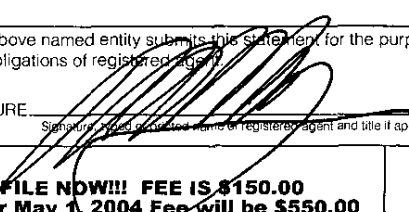
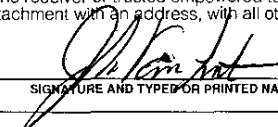


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90015 043 ***150.00

| | | | | | |
|---|-----------------------------|--|--|---|--|
| DOCUMENT # P02000133526 1. Entity Name CRAZY COSMO CORP. | | | |  | |
| Principal Place of Business 1341 S.E. 47TH TERRACE CAPE CORAL, FL 33904 US | | | Mailing Address 3109 S.E. 17 TH AVE CAPE CORAL, FL 33904 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address P.O. Drawer 60205 Suite, Apt. #, etc. | | |
| City & State | | | City & State Fort Myers, FL | | |
| Zip | Country | Zip | Country | 4. FEI Number 81-0587355 | |
| | | 33906 | USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SUCHANT, JENNIFER S 3109 SE 17TH AVE CAPE CORAL, FL 33904 | | | | 7. Name and Address of New Registered Agent Name Robert D. Royston, Jr., Esquire Street Address (P.O. Box Number is Not Acceptable) 12670 New Brittany Blvd. Suite 101 City Fort Myers, FL FL Zip Code 33907 | |
| 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:  (NOTE: Registered Agent signature required when reinstating) 4/1/04 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SUCHANT, JENNIFER S | | NAME | | |
| STREET ADDRESS | 3109 SE 17TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | | CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SUCHANT, RICHARD C | | NAME | | |
| STREET ADDRESS | 3109 SE 17TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | D,P,S,T | |
| STREET ADDRESS | | | STREET ADDRESS | JOHN VANLENTE | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | 4802 Tudor Drive, #107 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | Cape Coral, FL 33904 | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  4/1/04 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

04046408



03192004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

8.75 Additional
Fee Required

FL 33907

4/1/04

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #