


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90407 014 \*\*\*150.00

**DOCUMENT # P03000000957**

1. Entity Name  
**CASPERJACK CRAFTS, INC.**



Principal Place of Business  
**4925 16TH AVENUE SE  
 NAPLES, FL 34117**

Mailing Address  
**4925 16TH AVENUE SE - Same  
 NAPLES, FL 34117**

**94079830**



2. Principal Place of Business  
**1162 Main Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**Same as above**  
 Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State  
**The Villages FL**

City & State  
 City & State

Zip  
**32159** Country  
**Lake**

Zip Country

4. FEI Number  
**30-0138064**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WOJCIECHOWSKI, ANTHONY J  
 4925 16TH AVENUE SE  
 NAPLES, FL 34117**

7. Name and Address of New Registered Agent

Name

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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>D</b> <b>WENMAN, BEVERLY A</b> <b>4948 22ND PLACE SW</b> <b>NAPLES, FL 34116</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WENMAN, JACK</b> <b>4948 22ND PLACE SW</b> <b>NAPLES, FL 34116</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOJCIECHOWSKI, MARY J</b> <b>4925 16TH AVENUE SE</b> <b>NAPLES, FL 34117</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOJCIECHOWSKI, ANTHONY J</b> <b>4925 16TH AVENUE SE</b> <b>NAPLES, FL 34117</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 empowered.

SIGNATURE: M. Wojciechowski, Director **4-24-04**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #