

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 049 ***158.75

DOCUMENT # P03000026725

1. Entity Name
CRAZY CARDS AND COMICS, INC.



Principal Place of Business
**2232 E. SEMORAN BLVD.
APOPKA, FL 33703**

Mailing Address
**2232 E. SEMORAN BLVD.
APOPKA, FL 33703**

54025388



2. Principal Place of Business
280 Wekiva Springs Rd.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 201

Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State
Longwood, FL

City & State

4. FEI Number
13-4247569

Applied For
Not Applicable

Zip
32779

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEFF, JOHN
681 JAMESTOWN BLVD., #1030
ALTAMONTE, FL 32714**

Name
Neff, John
Street Address (P.O. Box Number is Not Acceptable)
75 Crown Point Cir.
City **Longwood** **FL** Zip Code **32779**

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**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MAGUIRE, MATTHEW**
STREET ADDRESS **2232 E. SEMORAN BLVD.**
CITY-ST-ZIP **APOPKA, FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **D** ☒ Change ☐ Addition
NAME **Matthew Maguire**
STREET ADDRESS **280 Wekiva Springs Rd. Ste. 201**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #