

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90152 010 \*\*\*150.00

**DOCUMENT # P03000026725**

1. Entity Name

CRAZY CARDS AND COMICS, INC.



Principal Place of Business

280 WEKIVA SPRINGS RD STE 201  
LONGWOOD, FL 32779

Mailing Address

2232 E. SEMORAN BLVD.  
APOPKA, FL 33703

← Same

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

13-4247569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NEFF, JOHN  
175 CROWN POINT CIR.  
LONGWOOD, FL 32779

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	Director / C.E.O. / Chmn
NAME	MAGUIRE, MATTHEW
STREET ADDRESS	280 WEKIVA SPRINGS RD STE 201
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	Director
NAME	Jablon, Marc
STREET ADDRESS	280 WEKIVA SPRINGS RD. STE 201
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PRES / DIRECTOR
NAME	Shinault, Shawn
STREET ADDRESS	280 WEKIVA SPRINGS RD STE 201
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #