


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000045412**  
 1. Entity Name  
**FANTASY FAIRE EVENT SERVICES, INC.**



Principal Place of Business 2765 CADY WAY WINTER PARK, FL 32792	Mailing Address 2765 CADY WAY WINTER PARK, FL 32792
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04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4251351	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARNOSKE, SANDRA J  
 2765 CADY WAY  
 WINTER PARK, FL 32792

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000562824  
 05/19/06-80071-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNOSKE, SANDRA J 2765 CADY WAY WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRARA, LISA A 2765 CADY WAY WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRARA, LISA A 2765 CADY WAY WINTER PARK, FL 32792
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lisa A. Ferrara* Lisa A. Ferrara VP/T *RS/1* *321-217-5783*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #