2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 

## DOCUMENT # P03000055545

1. Entity Name FANCY THAT! INC.



**FILED** Jun 29, 2005 08:00 AM Secretary of State

Principal Place of Business

9340 NORTH 56TH ST., STE 110 TEMPLE TERRACE, FL 33617

Mailing Address

9340 NORTH 56TH ST., STE 110 TEMPLE TERRACE, FL 33617



## DO NOT WRITE IN THIS SPACE

06152005 No Cha-P CR2E034 (10/03) Applied For 4. FEI Number. 02-0693118 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered of	office or I	registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Ag	ent signatur	e required whan reinstating)	DATE	
, , , , , , , , , , , , , , , , , , , ,		Election Campalgn Financin     Trust Fund Contribution,	g 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		and the state of t		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUYOT, DONNA M 10240 WATERSIDE OAKS DRIVE TAMPA, FL 33647			·	000000363831 06/2 <b>9</b> /05-80001-003 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GUYOT, ELAINE M 10009 KINGSHYRE TAMPA, FL 33647	·			•	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUYOT, MATTHEW M 10009 KINGSHYRE TAMPA, FL 33647		IN THIS SPACE			
TITLE 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP