

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 029 ***150.00

DOCUMENT # P03000056255

1. Entity Name

LIGHTZ FANTASTIC INC.



Principal Place of Business

1000 DEREK LANE
OLDSMAR FL 34677

Mailing Address

1000 DEREK LANE
OLDSMAR FL 34677

2. Principal Place of Business

3829 Louis Circle

Suite, Apt. #, etc.

3. Mailing Address

3829 Louis Circle

Suite, Apt. #, etc.

City & State

Tarpon Springs Florida

Zip

34689

Country

Pinellas

City & State

Tarpon Springs Florida

Zip

34689

Country

Pinellas

FBI Number

41-2091359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSSE, ROSANNE E
3829 LOUIS CIRCLE
TARPO SPRINGS FL 34689

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

Rosanne E. Bosse

Rosanne E. Bosse

2/26/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Rosanne E. Bosse	
STREET ADDRESS	3829 Louis Circle	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Michael R. Bosse	
STREET ADDRESS	3829 Louis Circle	
CITY-ST-ZIP	Tarpon Springs, Florida 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rosanne E. Bosse

Rosanne E. Bosse

Date

Daytime Phone #

727-638-3861
2-26-04