2005 FOR PROFIT CORPORATION ANNUAL REPORT-

May 26, 2005 8:00 am Secretary of State **DOCUMENT # P04000034535** 04-29-2005 90269 038 ***150.00 1. Entity Name C & S FUN BOUNCERS INC Principal Place of Business Mailing Address 5738 61ST LANE N 5738 61ST LANE N 66019474 ST PETERSBURG, FL 33709 ST PETERSBURG, FL 33709 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 0760404 Not Applicable Ziρ Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADLEY, CAROL A Street Address (P.O. Box Number is Not Acceptable) 5738 61ST LANE N ST PETERSBURG, FL 33709 City Zip Coda 8. The above named entity subgrits 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. (NOTE: Registered Agent eigneoure required when remessing) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Ο. Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIŢLE Delete TITLE Addition ☐ Chance BRADLEY, CAROL A NAME MALK STREET ADDRESS 5738 61ST LANE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33709 CITY-ST-ZIP TITLE Octes TITLE Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIM F ☐ Delzte me ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nne Octate TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-77P TITLE ☐ Defete ШЩ Change ☐ Addition NAME NAME STREET ADDRESS 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 oalt; 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.

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