

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000091909

Entity Name: DETAILZ EVENTS, INC.

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

215 GLEN EAGLE CIRCLE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

215 GLEN EAGLE CIRCLE  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 20-5144183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONA, CHRISTOPHER J ESQUIRE  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: LOPEZ-KRISCHANOWSKI, KAREN D DETAILZ  
Address: 215 GLEN EAGLE CIRCLE  
City-St-Zip: NAPLES, FL 34104 US

Title: VP,D  
Name: CONA, MADI D DETAILZ  
Address: 800 HIDDEN HARBOUR DR.  
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MADI CONA

VP

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date