2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004
Secretary of State

DOCUMENT# P93000007027

Entity Name: CASPY'S, INC.

Current Principal Place of Business:

6365 BAHIA DEL MAR BOULEVARD
J215
ST. PETERSBURG, FL

New Principal Place of Business:

Current Mailing Address:

6365 BAHIA DEL MAR BOULEVARD
J215
ST. PETERSBURG, FL

New Mailing Address:

FEI Number: 59-3160101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGALLS, CESTER W
3495 5TH AVE. N.
ST. PETERSBURG, FL 33713 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARRAN, VIVIENNE
Address: 6365 BAHIA DEL MAR BLVD J215
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VD ( ) Delete
Name: MARRAN, PHILIP
Address: 6365 BAHIA DEL MAR BLVD J215
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: VD ( ) Delete
Name: MARRAN, KERRI
Address: 6365 BAHIA DEL MAR BLVD J215
City-St-Zip: SAINT PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: VIVIENNE MARRAN PD 09/13/2004

Electronic Signature of Signing Officer or Director Date