## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P95000012643**

1. Entity Name CURIOSITIES MADE, INC.

Principal Place of Business

141 SUMMERSET DR. PUNTA GORDA, FL 33982 Mailing Address

141 SUMMERSET DR. PUNTA GORDA, FL 33982

## **FILED** Apr 15, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

04062004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0581282 Not Applicable

\$8.75 Additional Fee Required 5. Certificate of Status Desired 

KNIGHT, STEPHEN R DO NOT WRITE 141 SUMMERSET DR. PUNTA GORDA, FL 33982 IN THIS SPACE

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. Signature, typed or printed name of registered agent and title it applicable

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

000000114261 04/15/04-80043-013 150.00

After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.
10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS KNIGHT, JEAN D 141 SUMMERSET DR PUNTA GORDA, FL	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 others ke empowered.

SIGNATURE: