


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90046 009 ***158.75

DOCUMENT # P97000093148	
1. Entity Name IT'S A WRAP! INC.	

Principal Place of Business 605 CITRUS COURT MELBOURNE, FL 32951	Mailing Address 605 CITRUS COURT MELBOURNE, FL 32951
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94022342



2. Principal Place of Business 543 Peregrine Dr.	3. Mailing Address 543 Peregrine Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02052004 Chg-P CR2E034 (10/03)

City & State Indialantic FL	City & State Indialantic FL
Zip 32903	Country USA
Zip 32903	Country USA

4. FEI Number 59-3474462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLIONNA, FAITH R. 605 CITRUS COURT MELBOURNE, FL 32951	
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7. Name and Address of New Registered Agent Name Deborah T. Tos-Colombo Street Address (P.O. Box Number is Not Acceptable) 543 Peregrine Drive City Indialantic FL Zip Code 32903	
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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 Deborah J. Tos-Colombo, President DATE 2/25/04 <small>Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLIONNA, FAITH R. 605 CITRUS COURT MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLIONNA, DAVID A. 605 CITRUS COURT MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T President/Treasurer Deborah T. Tos-Colombo 543 Peregrine Drive Indialantic FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Suzanne Maddrey 2191 Woodlands Way Deerfield Beach FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary Beth L. Schotanus 208 N.E. 28th Court Ft. Lauderdale FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah J. Tos-Colombo	DATE: 2/25/04 DAYTIME PHONE: 321-777-4040
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	