

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103076

Entity Name: JOHN FANTASY, INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

6325 N. ORANGE BLOSSOM TRAIL
SUITE 124
ORLANDO, FL 32868

New Principal Place of Business:

6325 N. ORANGE BLOSSOM TRAIL
SUITE 124
ORLANDO, FL 32810

Current Mailing Address:

PO BOX 681428
O
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 59-3616548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANEFSKI, JOHN
6325 N. ORANGE BLOSSOM TRAIL
SUITE 124
ORLANDO, FL 32868 US

Name and Address of New Registered Agent:

LANEFSKI, JOHN
6325 N. ORANGE BLOSSOM TRAIL
SUITE 124
ORLANDO, FL 32810 US

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: JOHN LANEFSKI

02/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANEFSKI, JOHN
Address: 6325 N. ORANGE BLOSSOM TRAIL, SUITE 124
City-St-Zip: ORLANDO, FL 32868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANEFSKI, JOHN
Address: 6325 N. ORANGE BLOSSOM TRAIL, SUITE 124
City-St-Zip: ORLANDO, FL 32810

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: JOHN LANEFSKI

D

02/16/2005

Electronic Signature of Signing Officer or Director

Date