


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # V30276 1. Entity Name FANTASIES OF PORT CHARLOTTE, INC.		
Principal Place of Business 2414 TAMiami TR UNIT 1 PORT CHARLOTTE, FL 33952	Mailing Address 2200 KINGS HWY PMB #63 PORT CHARLOTTE, FL 33980 US	



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0330813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAYMOND C. KOLTERMAN JR. 1938 S. TAMiami TR VENICE, FL 34293	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 KOLTERMAN, RAYMOND C. JR. 1938 S. TAMiami TR VENICE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KOLTERMAN, PATRICIA 1938 S. TAMiami TR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/05-80021-002 150.00

**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 other like empowered.

SIGNATURE:  **3/28/05** **941-6245915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #