

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V30281

1. Entity Name
FANTASY MANAGEMENT, INC.



Principal Place of Business
2414 TAMiami TRAIL
PT CHARLOTTE, FL 33952 US

Mailing Address
2200 KINGS HWY.
PMB #63
PORT CHARLOTTE, FL 33980 US

DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0330315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOLTERMAN, RAYMOND C JR
1938 S. TAMiami TRAIL
VENICE, FL 34293

**DO NOT WRITE
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 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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOLTERMAN, RAYMOND C JR
STREET ADDRESS	2414 TAMiami TRAIL
CITY- ST- ZIP	PT CHARLOTTE, FL
TITLE	ST
NAME	KOLTERMAN, KRISTI
STREET ADDRESS	1938 S. TAMiami TR.
CITY- ST- ZIP	VENICE, FL 34293
TITLE	V
NAME	KOLTERMAN, PATRICIA
STREET ADDRESS	2414 TAMiami TR
CITY- ST- ZIP	PORT CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000284947
04/02/05-80025-014 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05

Date

9416245915

Daytime Phone #