


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90028 046 \*\*\*\*70.00

**DOCUMENT # 719982**  
 1. Entity Name  
**THE BARN THEATRE, INC.**



Principal Place of Business      Mailing Address  
**2400 S.E. OCEAN BLVD.**      **2400 S.E. OCEAN BLVD.**  
**P.O. BOX 1894**                      **P.O. BOX 1894**  
**STUART FL 34995**                      **STUART FL 34995**

**34013033**



MOORE CR2E037 (11/03)

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

City & State                                  City & State

4. FEI Number      Applied For  
**23-7425604**                      Not Applicable

Zip      Country                      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**WARNER, THOMAS**  
**1100 SOUTH FEDERAL HWY.**  
**401 E. OSCEOLA STREET**  
**STUART FL 34994**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MORGAN, PAUL	
STREET ADDRESS	721 NW WATERLILY PL	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TVPD	<input checked="" type="checkbox"/> Delete
NAME	HILTON, RAY	
STREET ADDRESS	2862 SW MARIPOSA CR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLOMBO, ANTHONY	
STREET ADDRESS	2015 SE BOWIE ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	AVPD	<input type="checkbox"/> Delete
NAME	PATERSON, WILLIAM	
STREET ADDRESS	1291 SE CORAL REEF	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARTE, CYNTHIA	
STREET ADDRESS	4297 SE COVE LAKE CR #108	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA SHAW	
STREET ADDRESS	750 SW DUXBURY AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:** *Anthony R. Colombo*      **Anthony R. Colombo, Treas.**      **02/05/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 772 287-4884