2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H19044

1. Entity Name
G. CIVINS PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1001 WEST CYPRESS CREEK ROAD #114 FT. LAUDERDALE, FL 33309	1001 WEST CYPRESS CREEK ROAD #114 FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

07182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2439266

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BECKERMAN, DAVID M
1200 N FEDERAL HWY
SUITE 320
BOCA RATON, FL 33432

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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: _____ DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

U00000574633
08/17/06-80006-016 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CIVINS, GARY I
STREET ADDRESS	1001 WEST CYPRESS CREEK ROAD
CITY ST ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gary Civins Gary Civins 8/15/06 954-938-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #