


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90113 022 \*\*\*150.00

**DOCUMENT # L65790**

1. Entity Name  
**EXTRAVAGANZA! PRODUCTIONS, INC.**



Principal Place of Business      Mailing Address

3914 NORTH U.S. HWY 301      3914 NORTH U.S. HWY 301  
 SUITE 500      SUITE 500  
 TAMPA, FL 33619      TAMPA, FL 33619

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1809 2nd AVENUE EAST**      **1809 2nd AVENUE EAST**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      FL      City & State      FL

**TAMPA**      **TAMPA**

Zip      Country      Zip      Country

**33605**      **Hillsborough**      **33605**      **Hillsborough**



01052007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**59-3053507**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANE, CHARLES C**  
**100 SOUTH ASHLEY DRIVE**  
**SUITE 1700**  
**TAMPA, FL 33601**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASSON, PAUL R	NAME	
STREET ADDRESS	2904 BEAGLE PLACE	STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, TERI T	NAME	
STREET ADDRESS	<del>2115 BIRCHWOOD DRIVE</del> <b>2219 MOUNTAIN MEADOW WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<del>BRANDON, FL 33511</del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALRICO, FL</b>	NAME	
STREET ADDRESS	<b>33594</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Paul Thomasson      **PAUL THOMASSON**      1/08/07      (813) 621-4700 EXT. 224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #