

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 28, 2004
Secretary of State**

DOCUMENT# N03000004499

Entity Name: SQUARE THEATRE, INC.

Current Principal Place of Business:

11878 NE 14TH AVENUE
ANTHONY, FL 32617

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2703
OCALA, FL 34478

New Mailing Address:

FEI Number: 41-2099380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALVEY, MARC
11878 NE 14TH AVENUE
ANTHONY, FL 32617

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STALVEY, MARC C
Address: 11878 NE 14TH AVENUE
City-St-Zip: ANTHONY, FL 32617

Title: D () Delete
Name: STALVEY, VALERIE L
Address: 11878 NE 14TH AVENUE
City-St-Zip: ANTHONY, FL 32617

Title: D () Delete
Name: MCLAUGHLIN, STEVEN P
Address: 2794 SW 176TH AVENUE
City-St-Zip: DUNNELLON, FL 34432

Title: D () Delete
Name: KENDZIORA, LORELEI V
Address: 11878 NE 14TH AVENUE
City-St-Zip: ANTHONY, FL 32617

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, V (X) Change () Addition
Name: STALVEY, MARC C
Address: 11878 NE 14TH AVENUE
City-St-Zip: ANTHONY, FL 32617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D, T (X) Change () Addition
Name: KENDZIORA, LORELEI V
Address: 11760 NE 14TH AVENUE
City-St-Zip: ANTHONY, FL 32617

Title: D, P () Change (X) Addition
Name: HILTY, JAMES
Address: 2607 SE 28TH STREET
City-St-Zip: OCALA, FL 34471

Title: D, S () Change (X) Addition
Name: QUIDLEY, ANGIE
Address: 4130 SE 3RD STREET
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORELEI V. KENDZIORA

D,T

02/28/2004

Electronic Signature of Signing Officer or Director

Date