

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001549

FILED
Mar 23, 2005
Secretary of State

Entity Name: THEATRE CONSPIRACY, INC.

Current Principal Place of Business:

10091 MCGREGOR BLVD.
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

10091 MCGREGOR BLVD
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0569413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS, FL 33919 US

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: GERAGHTY, DENA
Address: 1320 ALCAZAR AV
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: TAYLOR, WILLIAM E
Address: 3806 HANOVER ST
City-St-Zip: FORT MYERS, FL

Title: D () Delete
Name: ANTONIO, NANCY
Address: 2682 SHRIVER DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: DT () Delete
Name: DAVIS, SLYVIA
Address: 5300-4 SUMMERLIN RD.
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: EATON, ALEXANDER
Address: 4101 EVANS AVE.
City-St-Zip: FT. MYERS, FL

Title: DV () Delete
Name: GOLDBERG, KAREN
Address: 3005 SE 18TH PL
City-St-Zip: CAPE CAROL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: WILLIAM TAYLOR

D

03/23/2005

Electronic Signature of Signing Officer or Director

Date