

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000125988 1. Entity Name POPYACOLLA PRODUCTIONS, INC.	
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Principal Place of Business 2324 SW ALTARA STREET PORT ST LUCIE, FL 34953	Mailing Address 2324 SW ALTARA STREET PORT ST LUCIE, FL 34953
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4562922	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUSHNIE, COLIN C 1541 SE PORT ST LUCIE BLVD SUITE F PORT ST LUCIE, FL 34952
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000918904 05/13/08-80101-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, PILAR 2324 SW ALTARA STREET PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHR, JOHN 2324 SW ALTARA STREET PORT ST LUCIE, FL 34953
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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: <u>PILAR EVANS</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4/22/08</u> Date	<u>(772) 408-3765</u> Daytime Phone #
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