

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53436

Entity Name: THEATRE MANAGEMENT, INC.**Current Principal Place of Business:**939 HOLLYWOOD BLVD.
DELTONA, FL 32725**Current Mailing Address:**939 HOLLYWOOD BLVD.
DELTONA, FL 32725 US**FEI Number:** 59-2756431**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOOKER, KIM C
1019 TOWN CENTER DRIVE
ORANGE CITY, FL 32763 US*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:** KIM C BOOKER

04/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DEMARSH, WILLIAM F
Address 939 HOLLYWOOD BLVD.
City-State-Zip: DELTONA FL 32725

Title VP
Name DEMARSH, CHESTER C
Address 939 HOLLYWOOD BLVD.
City-State-Zip: DELTONA FL 32725

Title T
Name LAWRENCE, EDITH D
Address 939 HOLLYWOOD BLVD.
City-State-Zip: DELTONA FL 32725

Title S
Name LAWRENCE, EDITH D
Address 939 HOLLYWOOD BLVD.
City-State-Zip: DELTONA FL 32725

Title VP
Name DRAKE, LYNETTE G
Address 939 HOLLYWOOD BLVD
City-State-Zip: DELTONA FL 32725

Title VP
Name DEMARSH, WILLIAM F JR.
Address 939 HOLLYWOOD BLVD.
City-State-Zip: DELTONA FL 32725

Title VP
Name DEMARSH, JOSEPH O
Address 939 HOLLYWOOD BLVD.
City-State-Zip: DELTONA FL 32725

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM F DEMARSH

P

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date