

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000138794

**Entity Name:** PETER JONES THEATRICAL INC.

**Current Principal Place of Business:**

2101 S KANNER HWY  
STUART, FL 34994

**Current Mailing Address:**

2101 S KANNER HWY  
STUART, FL 34994

**FEI Number:** 20-5502099

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, PETER  
4611 SW BRANCH TERRACE  
PALM CITY, FL 34990 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name JONES, PETER  
Address 4611 SW BRANCH TERRACE  
City-State-Zip: PALM CITY FL 34990

Title VP,T  
Name JONES, JENNIFER  
Address 4611 SW BRANCH TERRACE  
City-State-Zip: PALM CITY FL 34990

*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:** PETER JONES

**PRESIDENT**

**03/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date