

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 141209**

1. Entity Name  
**THEATER OF THE SEA, INC.**



Principal Place of Business  
**P F MCKENNEY  
84721 OVERSEAS HWY  
ISLAMORADA, FL 33036**

Mailing Address  
**P F MCKENNEY  
84721 OVERSEAS HWY  
ISLAMORADA, FL 33036**



03112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0547902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BLOOM, KENNETH M  
1110 BRICKELL AVE  
7TH FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000474795  
04/04/06-80038-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MCKENNEY JR, PHELPS F
STREET ADDRESS	88181 OLD HWY, #E33
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	VO
NAME	MCDONELL, ANNE
STREET ADDRESS	9725 SW 78 ST
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	SD
NAME	ARENDER, MARTHA
STREET ADDRESS	6 SOMMERSET LANE
CITY-ST-ZIP	LAKE PLACID, FL 33852

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 3-15-06 (305) 664-8189**  
Date Daytime Phone #