


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 370319 1. Entity Name THREE ARTS PRODUCTIONS, INC.	
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Principal Place of Business 25 NORTH PINEAPPLE AVENUE SARASOTA, FL 34236	Mailing Address 25 NORTH PINEAPPLE AVENUE SARASOTA, FL 34236
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06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1562038	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEA, JOHN J. J 720 S ORANGE AVE SARASOTA, FL 34236

**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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUROFF, ROBERT 25 NO PINEAPPLE AVE SARASOTA, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUROFF, BENJAMIN M. 25 N. PINEAPPLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUROFF, ROBERTA 25 NORTH PINEAPPLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUPLEE, T. RAYMOND(ASST) 1770 WOOD STREET SSRASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUROFF, KYLE E. 25 N. PINEAPPLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOLIK, FELICIA 25 N. PINEAPPLE AVE. SARASOTA, FL

U00000370776
07/05/05-80031-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Robert E. Turoff
Robert E. Turoff

6/30/05 741-366-2646
Date Daytime Phone *