

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 370319

1. Entity Name
THREE ARTS PRODUCTIONS, INC.



Principal Place of Business
**25 NORTH PINEAPPLE AVENUE
SARASOTA, FL 34236**

Mailing Address
**25 NORTH PINEAPPLE AVENUE
SARASOTA, FL 34236**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1562038

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000755589
05/22/07-80108-002 150.00

10. OFFICERS AND DIRECTORS

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

**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

4/3/07

Date

941-366-2646

Daytime Phone #