

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

DOCUMENT # 430234

1. Entity Name
THE SCHOOL OF PERFORMING ARTS, INC.



03-07-2007 90183 001 ***150.00
03-07-2007 90183 002 *****8.75

Principal Place of Business
160 JAFFA DRIVE
FERN PARK, FL 32730-2804

Mailing Address
160 JAFFA DRIVE
FERN PARK, FL 32730-2804

66004191



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-1468899

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, PATRICIA A
160 JAFFA DRIVE
FERN PARK, FL

Name
Russell Sultzbach

Street Address (P.O. Box Number is Not Acceptable)

160 Jaffa Drive

City Fern Park

FL

Zip Code 32730

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

Russell Sultzbach *Russell Sultzbach President Director* *2-13-07*

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WATSON-WALSH, PATRICIA ☒ Delete
STREET ADDRESS 2401 NORFOLD ROAD
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ST
NAME WALSH, RICHARD ☒ Delete
STREET ADDRESS 2401 NORFOLD ROAD
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME Sultzbach, Russell ☒ Change ☒ Addition
STREET ADDRESS 510 Coachlight Way
CITY-ST-ZIP Winter Park, FL 32792

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Russell Sultzbach *Russell Sultzbach* *2-13-07* *407 831-1770*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #