

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90026 046 \*\*\*\*61.25

**DOCUMENT # F03000000411**

1. Entity Name  
MAJESTIC THEATRE AND PLAYHOUSE INC.



Principal Place of Business  
21267 GERTRUDE AVE., OXFORD #103  
PORT CHARLOTTE, FL 33952

Mailing Address  
21267 GERTRUDE AVE., OXFORD #103  
PORT CHARLOTTE, FL 33952

**DO NOT WRITE IN THIS SPACE**



03042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1807791	Applied For 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**

COPPOLA, MATTHEW A  
21267 GERTRUDE AVE., OXFORD #103  
PORT CHARLOTTE, FL 33952

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <i>J. M. Coppola</i> 21267 GERTRUDE AVE., OXFORD #103 PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS COPPOLA, MATTHEW A 21267 GERTRUDE AVE., OXFORD #103 PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <i>Mary G. Janich</i> 21267 GERTRUDE AVE., OXFORD #103 PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 617, 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

Date

Daytime Phone #

*See 9*  
*3/15/05*  
*(941)-235 3525*