

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90236 002 \*\*\*150.00

**DOCUMENT # L65790**

1. Entity Name  
**EXTRAVAGANZA! PRODUCTIONS, INC.**



Principal Place of Business  
**3914 NORTH U.S. HWY 301  
SUITE 500  
TAMPA, FL 33619**

Mailing Address  
**3914 NORTH U.S. HWY 301  
SUITE 500  
TAMPA, FL 33619**

**66002083**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3053507**

Applied For  
☐ Not Applicable

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

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

**LANE, CHARLES C  
100 SOUTH ASHLEY DRIVE  
SUITE 1700  
TAMPA, FL 33601**

**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's signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	THOMASSON, PAUL R
STREET ADDRESS	2904 BEAGLE PLACE
CITY - ST - ZIP	SEFFNER, FL 33584
TITLE	VP
NAME	SCARBOROUGH, TERI T
STREET ADDRESS	911 SANDYWOOD DRIVE
CITY - ST - ZIP	BRANDON, FL 33510
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

*[Handwritten Signature]*

**2/6/06 (913) 621-4700 XT 247**

SIGNATURE AND TYPED OR PRINTED NAME OF EXERCISING OFFICER OR DIRECTOR

Date

Display Phone #



ATTACHMENT

66002083

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2006

EXTRAVAGANZA! PRODUCTIONS, INC.  
3914 NORTH U.S. HWY 301  
SUITE 500  
TAMPA, FL 33619

Subject: **EXTRAVAGANZA! PRODUCTIONS, INC.**

Reference Number: **L65790**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION