

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90697 036 \*\*\*\*61.25

**DOCUMENT # N02000002302**

**1. Entity Name**  
**BRAVADO THEATRE, INC.**



**Principal Place of Business**  
**1252 SE MADISON AVE**  
**STUART, FL 34996**

**Mailing Address**  
**P O BOX 2134**  
**STUART, FL 34995**

**DO NOT WRITE IN THIS SPACE**



04252004 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**30-0093244**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

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

**VILLANI, RALPH**  
**1252 SE MADISON AVE**  
**STUART, FL 34996**

**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, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>VILLANI, RALPH</b>
<b>STREET ADDRESS</b>	<b>1252 SE MADISON AVE</b>
<b>CITY-ST-ZIP</b>	<b>STUART, FL 34996</b>
<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>ROCKHILL, LYNANNE</b>
<b>STREET ADDRESS</b>	<b>1252 SE MADISON AVE</b>
<b>CITY-ST-ZIP</b>	<b>STUART, FL 34996</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>LAMBERT, JO-ANN</b>
<b>STREET ADDRESS</b>	<b>2428 SE SAPELO AVE</b>
<b>CITY-ST-ZIP</b>	<b>PORT SAINT LUCIE, FL 34952</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>CLARK, DAWN</b>
<b>STREET ADDRESS</b>	<b>1610 SW SUNSET TRAIL</b>
<b>CITY-ST-ZIP</b>	<b>PALM CITY, FL 34990</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>ANDREW, CAROL</b>
<b>STREET ADDRESS</b>	<b>1699 SE MARIANA RD</b>
<b>CITY-ST-ZIP</b>	<b>PORT SAINT LUCIE, FL 34952</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>MURRAY, BOB</b>
<b>STREET ADDRESS</b>	<b>169 SE MARIANA ROAD</b>
<b>CITY-ST-ZIP</b>	<b>PORT SAINT LUCIE, FL 34952</b>

**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 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

**RALPH VILLANI**  
**PRESIDENT**

Date

Daytime Phone #

04-26-04 772-475-3647