

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

FILED
Mar 16, 2005 08:00 AM
Secretary of State

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



02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 30-0093244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 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	PD VILLANI, RALPH 1252 SE MADISON AVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROCKHILL, LYNANNE 1252 SE MADISON AVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, JO-ANN 2428 SE SAPELO AVE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, DAWN 1610 SW SUNSET TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORN, KATE 311 PINewood PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, BOB 169 SE MARIANA ROAD PORT SAINT LUCIE, FL 34952

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03/16/05-80034-004 61.25

**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:

Ralph Villani
RALPH VILLANI
PRESIDENT

03-10-05

Date

Daytime Phone #