

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90002 016 ****61.25

DOCUMENT # N04000003085					
1. Entity Name GYPSY PRODUCTIONS INC.					
Principal Place of Business 733 1/2 5TH AVE. N. #13 ST. PETERSBURG, FL 33701			Mailing Address 733 1/2 5TH AVE. N. #13 ST. PETERSBURG, FL 33701		
2. Principal Place of Business 3000 34th St. S. Suite, Apt. #, etc.		3. Mailing Address 3000 34th St. S. Suite, Apt. #, etc.			
City & State St. Petersburg, FL Zip 33711 Country USA		City & State St. Petersburg, FL Zip 33711 Country USA		4. FEI Number 20-1265428 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08102005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ROESEKE, DONALD W JR 733 1/2 5TH AVE. N. #13 ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name: Donald W Roeseke Jr. Street Address (P.O. Box Number is Not Acceptable) 3000 34th St. S. City: St. Petersburg, FL Zip Code 33711		
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: <u>Donald W. Roeseke Jr. - Treasurer.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 8-10-05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLER, PETER S 733 1/2 5TH AVE. N. #13 ST. PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peter S. Keller 6400 46th Ave N. #4 Kenneth City, FL 33709 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROESEKE, DONALD W JR 3223 N. LOCKWOOD RIDGE RD. #66 SARASOTA, FL 34234 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Darlene Brickel 6281 2nd Ave. N. St. Petersburg, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUZZEO, LAWRENCE 6323 1ST AVE. N. ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joseph Alan Johnson 2415 1/2 7th St N St. Petersburg, FL 33704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donald W Roeseke Jr. 3223 N Lockwood Ridge Rd #66 Sarasota, FL 34234 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Donald W. Roeseke Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 8-10-05 Daytime Phone #: 570-0040	