

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004506

Entity Name: THE STUDIO @ 620, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

620 FIRST AVE S
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

620 FIRST AVE S
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 52-2398308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIS, GEORGE DAVID
620 FIRST AVE S
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROUTH, MICHELE
Address: 5500 DENVER ST., NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: VP () Delete
Name: FELICE, WILLIAM DR.
Address: 1 BEACH DRIVE SE
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: S () Delete
Name: MUTCHLER, SHEILA
Address: 1923 BEACH DR. SE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: WHITE, BEVERLY
Address: 1947 BEACH DR. SE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D (X) Delete
Name: ELLIS, DAVID G
Address: 1619 BEACH DR SE
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FELICE, WILLIAM DR.
Address: 1 BEACH DRIVE SE
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: S (X) Change () Addition
Name: MUTCHLER, SHEILA
Address: 1923 BEACH DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: T (X) Change () Addition
Name: CAMPBELL, THOMAS
Address: 6931 STONES THROW CIRCLE
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D (X) Change () Addition
Name: ELLIS, DAVID G
Address: 1619 BEACH DR SE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CAMPBELL

T

01/03/2007

Electronic Signature of Signing Officer or Director

Date