## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jul 23, 2008 8:00 am Secretary of State

07-23-2008 90015 006 \*\*\*\*61.25

## DOCUMENT # N06000002930

RG THEATRE PRODUCTIONS, INC.



Principal Place of Business Mailing Address 726 NORTHEAST 1ST STREET 726 NORTHEAST 1ST STREET

40111840

2. Principal Place of Business - No P.O. Box #  11 SE Second Ave   11 SE Second Ave   Suite, Apt. #, etc.   Suite, Apt. #, etc.						07102008	Cha-NP	CR2E	(12/06)		
City & State	е		City &	State			4. FEI Numbe			· · · · · ·	plied For
Games		PL.	Gain	esulle	Fl		20-4398	3543		No	t Applicable
<sup>zip</sup> 326	47	Country	326	.01	Country LLS		5. Certificate of	of Status Desi	red 🗌	\$8.75 Add Fee Require	
6. Name and Address of Current Register							7. Name and Address of New Registered Agent				
WELLEGED COOTE D					N:	ame					
KRUEGER, SCOTT D 2750 NORTHWEST 43RD STREET, SUITE 20° GAINESVILLE, FL 32606			TE 201	1 Street Address			(P.O. Box Number is Not Acceptable)				
GAINESVI	LLE, FL 3.	2000									
					Ci	ity			F	L Zip Code	9
	named entity tions of registe	submits this statement for ered agent.	r the purpose	of changing its re	egistered of	ffice or registe	ered agent, or both	n, in the State	of Florida. I a	m familiar with,	and accept
SIGNATURE .	Signature, typed o	or printed name of registered agent a	and title if applicat	ole. (NOTE:	Registered Age	ent signature require	ed when reinstating)		DATE		<del></del>
Filing Fee is \$61.25 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
D	_				_			9			
10.	_		RECTORS		_				Florida Dep	DIRECTORS IN	ate
10.	ue by Sep	OFFICERS AND DIR	RECTORS		11.		Added to Fees		Florida Dep	artment of St	ate
10. TITLE NAME	D RUSH, RO	tember 12, 2008 OFFICERS AND DIR	RECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees ADDITIONS/CHA	NGES TO OF	Florida Dep	DIRECTORS IN	10
10. TITLE NAME STREET ADDRESS	D RUSH, RO 726 NORT	OFFICERS AND DIF	RECTORS	Trust Fund Co	11. TITLE NAME STREET AD	HORESS 11	Added to Fees  ADDITIONS/CHA	INGES TO OF	Florida Dep	DIRECTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSH, RO 726 NORT GAINESVI	tember 12, 2008 OFFICERS AND DIR	RECTORS	Trust Fund Co	11. TITLE NAME STREET AD CITY-ST-Z	HORESS 11	Added to Fees ADDITIONS/CHA	INGES TO OF	Florida Dep	DIRECTORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D RUSH, RO 726 NORT GAINESVI	OFFICERS AND DIF OFFICERS AND DIF	RECTORS	Trust Fund Co	11. TITLE NAME STREET AD	HORESS 11 GA	Added to Fees  ADDITIONS/CHA  SE Secon  (N) ESUITE	ADE FL 3:	Florida Dep	DIRECTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSH, RO 726 NORT GAINESVI D ABATE, PA	OFFICERS AND DIF OFFICERS AND DIF	RECTORS	Trust Fund Co	11. TITLE NAME STREET AD CITY-ST-Z	HORESS IL GA	ADDITIONS/CHA SE Secon	ANGESTO OF A Ave FC 3:	FICERS AND	DIRECTORS IN Change	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D RUSH, RO 726 NORT GAINESVI D ABATE, P/ 726 NORT	CONTRACT  CONTRA	RECTORS	Trust Fund Co	11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME	HORESS IL GA	Added to Fees  ADDITIONS/CHA  SE Secon  (N) ESUITE	ANGESTO OF A Ave FC 3:	FICERS AND	DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D RUSH, RO 726 NORT GAINESVI D ABATE, P/ 726 NORT	OFFICERS AND DIR	RECTORS	Trust Fund Co	11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD	HORESS IL GA	Added to Fees ADDITIONS/CHA SE SECON WESUITE SE SECON WESUITE	anges to or od Ave FC 3: od Ave	FICERS AND  2601  3 Zuol	DIRECTORS IN Change	10 Addition
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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 of trustee empowered to execute his 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 a made of the corporation of the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of t

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

352 3737566

☐ Change

Addition

Daytime Phone #