

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90026 026 ****61.25

DOCUMENT # N06000010488					
1. Entity Name ALL IN THE MUSTARD TREE PRODUCTIONS, INC.					
Principal Place of Business 11861 WILDEFLOWER PLACE TEMPLE TERRACE, FL 33617			Mailing Address 11861 WILDEFLOWER PLACE TEMPLE TERRACE, FL 33617		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 320665 Suite, Apt. #, etc.			
City & State		City & State Tampa, FL		4. FEI Number 20-5519802	
Zip		Country 33619		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEALE, MARY JANE 11861 WILDEFLOWER PLACE TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 P NAME SHIDELER, JOAN STREET ADDRESS 903 FRANKLAND ROAD CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP/T NAME WEBSTER, JULIE STREET ADDRESS 2424 BUCKNELL DRIVE CITY-ST-ZIP VALRICO, FL 33594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 2809 Skimmer Point Dr S CITY-ST-ZIP Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECR NAME NEALE, MARY JANE STREET ADDRESS 11861 WILDEFLOWER PLACE CITY-ST-ZIP TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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>Julie R. Webster</u> Julie R. Webster <u>4/7/07</u> <u>813-760-4749</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					