2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000005665

1. Entity Name
SESQUICENTENNIAL PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
2345 BEE RIDGE ROAD SUITE 6 SARASOTA, FL 34239	15 CROSSROADS CENTER, BOX 1845 SARASOTA, FL 34239

02032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0534189
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, CLIFFORD M
SUITE 303
2033 MAIN STREET
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000423445
02/18/06-80008-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALMY, MARION M
STREET ADDRESS	PO BOX 5103 N/A
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	DST
NAME	MATTHEWS, JANET S
STREET ADDRESS	PO BOX 5343 N/A
CITY-ST-ZIP	SARASOTA, FL 34277
TITLE	DV
NAME	MATTHEWS, A. LAMAR
STREET ADDRESS	1777 MAIN ST. SUITE 500
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	EKLUND, JEANNE
STREET ADDRESS	851 FAULKWOOD CT
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: A. Lamar Matthews Jr. 2/3/2006 941-366-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A. LAMAR MATTHEWS JR.