

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

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 004 ****61.25

DOCUMENT # N94Q00005665	
1. Entity Name SESQUICENTENNIAL PRODUCTIONS, INC.	
Principal Place of Business 2345 BEE RIDGE ROAD SUITE 6 SARASOTA, FL 34239	Mailing Address 15 PARADISE PLAZA PMB 297 SARASOTA, FL 34239



DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0534189	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~KING, CLIFFORD M~~ **Kelley Nathan**
~~SUITE 303~~ **Suite 500**
~~2039 MAIN STREET~~ **1777 main Street**
SARASOTA, FL 34236

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IN THIS SPACE**

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: Kelley Nathan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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 Delete
TITLE	P
NAME	Ruan H. Horton
STREET ADDRESS	PO Box 2227
CITY-ST-ZIP	Sarasota FL 34230 - 2227
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A. LAMAR MATTHEWS, JR

1/25/08 941-928-0910