

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90123 002 ****61.25

DOCUMENT # N95000001549

1. Entity Name

THEATRE CONSPIRACY, INC.



Principal Place of Business

**10091 MCGREGOR BLVD.
FORT MYERS FL 33919**

Mailing Address

**10091 MCGREGOR BLVD
FORT MYERS FL 33919
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0569413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33919**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **D**
STREET ADDRESS **GERAGHTY, DENA**
CITY-ST-ZIP **1320 ALCAZAR AV
FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
NAME **DP Steve Hopper**
STREET ADDRESS **1901 Cl. Ford Ct**
CITY-ST-ZIP **A. Myers, FL 33901**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TAYLOR, WILLIAM E**
CITY-ST-ZIP **3806 HANOVER ST
FORT MYERS FL**

TITLE ☐ Change ☐ Addition
NAME **DS Joanne Haley**
STREET ADDRESS **1362 Plumosa Dr**
CITY-ST-ZIP **A. Myers FL 33901**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ANTONIO, NANCY**
CITY-ST-ZIP **2682 SHRIVER DRIVE
FORT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME **Tom Smart D**
STREET ADDRESS **1533 Hendry St.**
CITY-ST-ZIP **Fl. Myers FL 33901**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **DAVIS, SLYVIA**
CITY-ST-ZIP **5300-4 SUMMERLIN RD.
FT MYERS FL**

TITLE ☐ Change ☐ Addition
NAME **Richard Cooke D**
STREET ADDRESS **P.O. Box 1166**
CITY-ST-ZIP **Savibel, FL 33957**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EATON, ALEXANDER**
CITY-ST-ZIP **4101 EVANS AVE.
FT. MYERS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **GOLDBERG, KAREN**
CITY-ST-ZIP **3005 SE 18TH PL
CAPE CAROL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

4/20/04

239-936-3239