

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 018 ****61.25

DOCUMENT # N98000000043

1. Entity Name
PALLADIUM THEATER, INC.



Principal Place of Business
253 FIFTH AVE. NORTH
ST. PETERSBURG, FL 33701

Mailing Address
535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3493275

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAHDERT, GEORGE K
535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOUGH, WILLIAM R
STREET ADDRESS 100 2ND AVE S STE 800
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE VD
NAME BARNES, ANDY
STREET ADDRESS 801 3RD ST S
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE TD
NAME WEBB, DOROTHY
STREET ADDRESS 100 4TH AVE S #100
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE SD
NAME MCCOY, BARBARA
STREET ADDRESS 1311 BRIGHTWATERS BLVD NE
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Dar Webb
Dar Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06
2/8/06

Date

727-822-3580
727-822-3580

Daytime Phone #