


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

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90005 027 ****70.00

DOCUMENT # N98000001741 1. Entity Name FLORIDA REPERTORY COMPANY, INC.	
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Principal Place of Business 2267 FIRST ST FT MYERS, FL 33901	Mailing Address % P.O. BOX 2483 FT MYERS, FL 33902
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50025770

DO NOT WRITE IN THIS SPACE



05242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0827621	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CACIOPPO, ROBERT
2267 FIRST STREET
FORT MYERS, FL 33901

**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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CACIOPPO, ROBERT 945 ROBALO DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SB DANZIG, JANICE 5010 ROYAL SHORES DR #201 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MARTIN, JOHN 945 ROBALO DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARJORIE STARNES, ATTORNEY 2077 FIRST STREET FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 employment.

SIGNATURE:  **ROBERT CACIOPPO** **8/16/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #