

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT #P00000037906

**1. Entity Name
OLD TALLAHASSEE PRODUCTIONS, INC.**



**Principal Place of Business
1515 COUNTRY CLUB DR.
TALLAHASSEE, FL 32301-5616**

**Mailing Address
1515 COUNTRY CLUB DR.
TALLAHASSEE, FL 32301-5616**



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3646251

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UNDERWOOD, R. MICHAEL
215 S. MONROE, SUITE 601
TALLAHASSEE, FL 32301-1804**

**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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000453616
03/14/06-80026-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MELLON, EDWARD K
STREET ADDRESS	1515 COUNTRY CLUB DR.
CITY-ST-ZIP	TALLAHASSEE, FL 323015616
TITLE	D
NAME	MELLON, DIANNE V.L.
STREET ADDRESS	1515 COUNTRY CLUB DR.
CITY-ST-ZIP	TALLAHASSEE, FL 323015616
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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: Edward K Mellon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD K. MELLON FEB. 28, 2006

Date Daytime Phone #

850-
877-8445