

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90016 042 ***150.00

DOCUMENT # P00000058380

1. Entity Name
SIX PRODUCTIONS, INC.



Principal Place of Business
**1825 TAMiami TR.
F-1
PORT CHARLOTTE, FL 33948**

Mailing Address
**2475 SUFOLK ST
PORT CHARLOTTE, FL 33948**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1017960

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARSHALL, PAUL G
111 W OLYMPIA AVE
PUNTA GORDA, FL 33950**

**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

James A. Senseman

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

(NOTE: Registered Agent signature required when reinstating)

1/27/06

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SENSEMAN, JAMES A
STREET ADDRESS 2401 TAMARIND ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE STD
NAME SENSEMAN, DONNA L
STREET ADDRESS 2401 TAMARIND ST
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 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:

James A. Senseman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06

Date

239-772-0747

Daytime Phone #

ATTACHMENT

60014983
#P00000658380

Registered Agent needs
to be: James A. Senseman
1825 Tamiami Tr. F-1
Pt. Charlotte, Fl. 33948

Paul Marshall's office
got destroyed by Hurricane
Charley and he never
rebuilt.
