

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013553

Entity Name: CINEMA PLUS INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

174 MIRACLE STRIP PARKWAY
FT. WALTON, FL 32548

New Principal Place of Business:

Current Mailing Address:

PO BOX 745
FT. WALTON BEACH, FL 325490745

New Mailing Address:

FEI Number: 59-3697550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, LEON T
687 RANDALL ROBERTS ROAD
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NACCHIA, JOSEPH
Address: 1196 WITHSIRE CT.
City-St-Zip: FT. WALTON BEACH, FL 32457

Title: D () Delete
Name: WEBB, VALERY W
Address: 105 COUNTRY CLUB DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: TIMMS, MATTHEW J
Address: 645 GOLF COURSE DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D () Delete
Name: SHIRLEY, LEON T
Address: 687 RANDALL ROBERTS ROAD
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON T SHIRLEY

D

01/13/2004

Electronic Signature of Signing Officer or Director

Date