

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90444 025 ***150.00

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1. Entity Name
CINEMA PLUS INC.



Principal Place of Business
**174 MIRACLE STRIP PARKWAY
FT. WALTON, FL 32548**

Mailing Address
**PO BOX 745
FT. WALTON BEACH, FL 32549-0745**

40070876



2. Principal Place of Business

3. Mailing Address

01282005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3697550

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D NACCHIA, JOSEPH**
STREET ADDRESS **1196 WITHSIRE CT.**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32457**

TITLE ☐ Delete
NAME **D WEBB, VALERY W**
STREET ADDRESS **105 COUNTRY CLUB DR.**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Delete
NAME **D TIMMS, MATTHEW J**
STREET ADDRESS **645 GOLF COURSE DRIVE**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME **D SHIRLEY, LEON T**
STREET ADDRESS **687 RANDALL ROBERTS ROAD**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **951 Dun Drive**
STREET ADDRESS **FT WALTON BEACH FL 32547**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone