


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90037 018 ***150.00

DOCUMENT # P01000013553	
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
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3697550	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
SHIRLEY, LEON T 687 RANDALL ROBERTS ROAD FT. WALTON BEACH, FL 32547	

7. Name and Address of New Registered Agent	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent's signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACCHIA, JOSEPH	NAME	
STREET ADDRESS	1196 WITHSIRE CT.	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32457	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, VALERY W	NAME	
STREET ADDRESS	105 COUNTRY CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMS, MATTHEW J	NAME	
STREET ADDRESS	645 GOLF COURSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, LEON T	NAME	
STREET ADDRESS	951 DON DR	STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <u>Leon T. Shirley</u> LEON T. SHIRLEY	<u>2-1-07</u> 2-1-07	<u>850-837-6268</u> 850-837-6268
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>