

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100294

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: SIX PRODUCTIONS OF LEE COUNTY INC.

## Current Principal Place of Business:

1825 TAMIAMI TRAIL  
F-1  
PORT CHARLOTTE, FL 33948

## New Principal Place of Business:

2517 SANTA BARBARA BLVD.  
#6  
CAPE CORAL, FL 33914

## Current Mailing Address:

1825 TAMIAMI TRAIL  
F-1  
PORT CHARLOTTE, FL 33948

## New Mailing Address:

2475 SUFFOLK ST.  
PORT CHARLOTTE, FL 33948

FEI Number: 20-3166412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SENSEMAN, JAMES A  
1825 TAMIAMI TRAIL  
F-1  
PORT CHARLOTTE, FL 33948 US

## Name and Address of New Registered Agent:

SENSEMAN, JAMES A  
2517 SANTA BARBARA BLVD.  
#6  
CAPE CORAL, FL 33914 US

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:

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SENSEMAN, JAMES A  
Address: 2475 SUFFOLK ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: STD (X) Delete  
Name: SENSEMAN, DONNA L  
Address: 2475 SUFFOLK ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: JAMES A. SENSEMAN

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date