

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100392

Entity Name: ANONYMOUS PRODUCTIONS, INC.

FILED
Apr 06, 2008
Secretary of State

Current Principal Place of Business:

9613 SPRING LAKE DR
CLERMONT, FL 34711

New Principal Place of Business:

130 SOUTH MAIN ST
SUITE 200
WINTER GARDEN, FL 34711

Current Mailing Address:

9613 SPRING LAKE DR
CLERMONT, FL 34711

New Mailing Address:

130 SOUTH MAIN ST
SUITE 200
WINTER GARDEN, FL 34711

FEI Number: 86-1146400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEACOCK, MATTHEW
9613 SPRING LAKE DR
CLERMONT, FL 34711 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: PEACOCK, MATTHEW C
Address: 9613 SPRING LAKE DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: PEACOCK, TINA A
Address: 9613 SPRING LAKE DR
City-St-Zip: CLERMONT, FL 34711

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: MATTHEW PEACOCK

D

04/06/2008

Electronic Signature of Signing Officer or Director

Date