


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P08767 1. Entity Name NATIONAL CINEMA SUPPLY CORPORATION	
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Principal Place of Business
**14499 N DALE MABRY
SUITE 201
TAMPA, FL 33618 US**

Mailing Address
**14499 N DALE MABRY
SUITE 201
TAMPA, FL 33618 US**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1007375	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUSH, BRIAN P
3411 WEST FLETCHER AVENUE
SUITE B
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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**

**U000000195202
01/26/05-80019-014 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, DANIEL P 14499 N. DALE MABRY STE. 201 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, MARY E 14499 N. DALE MABRY STE 201 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, BARNEY 14499 N DALE MABRY TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV PAYNE, VINCENT J 14499 N. DALE MABRY STE 201 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 reports 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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

813-962-2772

Daytime Phone #