

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90028 034 \*\*\*150.00

**DOCUMENT # P94000040925**

1. Entity Name  
**RED LIZARD FILMS, INC.**



Principal Place of Business  
**10555 GREEBCREST DR  
TAMPA, FL 33626-5200**

Mailing Address  
**10555 GREEBCREST DR  
TAMPA, FL 33626-5200**

2. Principal Place of Business  
**10555 Greencrest Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**10555 Greencrest Dr.**  
Suite, Apt. #, etc.



04052006 Chg-P CR2E034 (11/05)

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number  
**59-3246769**

Applied For  
Not Applicable

Zip  
**33626-5200**

Country

Zip  
**33626-5200**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ALLEN, ROBERT  
10555 GREENCREST DR  
TAMPA, FL 33626-5200**

## 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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ALLEN, ROBERT W**  
STREET ADDRESS **10555 GREENCREST DR**  
CITY - ST - ZIP **TAMPA, FL 336265200**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Allen, Robert W**  
STREET ADDRESS **10555 Greencrest Drive**  
CITY - ST - ZIP **Tampa, FL 33626-5200**

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

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Robert W. Allen 4-5-06 813-792-7677**