

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91016 010 \*\*\*150.00

**DOCUMENT # P94000064621**

1. Entity Name

LANTANA PRODUCTIONS, INC.



Principal Place of Business

4519 GEORGE RD.  
SUITE #125  
TAMPA FL 33634

Mailing Address

4519 GEORGE RD.  
SUITE #125  
TAMPA FL 33634

2. Principal Place of Business

44 BUCK SHOALS RD

Suite, Apt. #, etc.  
A-8

City & State  
ARDEN NC

Zip  
28704

Country

3. Mailing Address

44 BUCK SHOALS RD

Suite, Apt. #, etc.  
A-8

City & State  
ARDEN, NC

Zip  
28704

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3270949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRYBUS, RONALD H  
1505 N. FLORIDA AVE  
TAMPA FL 33601

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PVSD ☒ Delete  
NAME HALLER, LACY A  
STREET ADDRESS 4519 GEORGE RD., #125  
CITY-ST-ZIP TAMPA FL 33634

TITLE T ☒ Delete  
NAME PINNICK, DEBORAH  
STREET ADDRESS 4519 GEORGE RD., #125  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete  
NAME HAGAN, LACY A  
STREET ADDRESS 44 BUCK SHOALS RD # A-8  
CITY-ST-ZIP ARDEN, NC 28704

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 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 #

4/22/04 828681-5560