


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000073240 1. Entity Name LOBLOLLY THEATRE COMPANY |  |
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|---|---|
| Principal Place of Business 1010 N 12TH AVE SUITE 211 PENSACOLA, FL 32501 | Mailing Address 1010 N 12TH AVE SUITE 211 PENSACOLA, FL 32501 |
|---|---|

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3463202 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**REED, YOLANDA A
8041 IRA DR
PENSACOLA, FL 32514**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADP REED, YOLANDA A 8041 IRA DRIVE PENSACOLA, FL 32514 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS SIMMONS, PAT 8041 IRA DRIVE PENSACOLA, FL 32514 |
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04/24/07-80071-010 150.00

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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: Yolanda Reed YOLANDA REED Apr. 10, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 850-439-3010