

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073240

FILED
Mar 21, 2009
Secretary of State

Entity Name: LOBLOLLY THEATRE COMPANY

Current Principal Place of Business:

1010 N 12TH AVE
SUITE 211
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1010 N 12TH AVE
SUITE 211
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3463202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, YOLANDA A
8041 IRA DR
PENSACOLA, FL 32514 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: ADP () Delete
Name: REED, YOLANDA A
Address: 8041 IRA DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: VPS () Delete
Name: SIMMONS, PAT
Address: 8041 IRA DRIVE
City-St-Zip: PENSACOLA, FL 32514

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: YOLANDA A. REED

ADP

03/21/2009

Electronic Signature of Signing Officer or Director

_____ Date