

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-12-2005 90040 024 \*\*\*158.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE

CR2E034 (10/04)

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<b>DOCUMENT # P04000129941</b> 1. Entity Name <b>A DANCER'S CLOSET, INC.</b>					
Principal Place of Business <b>7607 OAK GROVE CIRCLE LAKE WORTH FL 33467</b>			Mailing Address <b>7607 OAK GROVE CIRCLE LAKE WORTH FL 33467</b>		
2. Principal Place of Business <b>4180-1 Jog Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>4180-1 Jog Road</b> Suite, Apt. #, etc.			
City & State <b>Lake Worth, FL</b> Zip <b>33463</b>		City & State <b>Lake Worth, FL</b> Zip <b>33463</b>		4. FEI Number <b>20-1789198</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ZIMMERMAN, ANNMARIE 7607 OAK GROVE CIRCLE LAKE WORTH FL 33467</b>				7. Name and Address of New Registered Agent Name <b>Ann Marie Zimmerman</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZIMMERMAN, ANNMARIE 7607 OAK GROVE CIRCLE LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, S GERACI, ANNE 5145 GLENVILLE DRIVE BOYNTON BEACH FL 33437</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 files empowered.					
<b>SIGNATURE:</b> <u>Ann Marie Zimmerman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/8/05</u> Daytime Phone # <u>561 965 2878</u>		

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AnnMarie Zimmerman

(561) 965-0444

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7/8/05

To Whom It May Concern:

Enclosed please find the 2005 Annual Report for A Dancer's Closet, Inc., along with a check for \$158.75. (annual report fee and Certificate of Status Fee)

The corporation did not receive prior notice regarding this annual report, and we are therefore requesting a one-time waive of the late charge. It is the first year in business and there was a change of address involved, and we did not receive any notice before this. Additionally, we are in litigation with a competitor that has been impersonating as The Dancer's Closet and tampering with our mail.

Thanking you in advance.

Anne Geraci,  
Treasurer