

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000056210 1. Entity Name BARBARA THOMPSON SCHOOL OF DANCE, INC.	
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Principal Place of Business 5667 BEACH BLVD JACKSONVILLE, FL 32207	Mailing Address 5667 BEACH BLVD JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3261208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent THOMPSON, BARBARA P 5227 SANTA ROSA WAY JACKSONVILLE, FL 32211
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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 _____
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, BARBARA P 5227 SANTA ROSA WAY JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, JOHN B 5227 SANTA ROSA WAY JACKSONVILLE, FL 32211
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02/28/06-80035-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Barbara P Thompson **2/14/06** **904-396-322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #