

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000056210

**Entity Name:** BARBARA THOMPSON SCHOOL OF DANCE, INC.

**Current Principal Place of Business:**

8595 BEACH BLVD  
SUITE 310  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8595 BEACH BLVD  
SUITE 310  
JACKSONVILLE, FL 32216

**FEI Number: 59-3261208**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THOMPSON, BARBARA P  
5532 FLORAL AVENUE  
JACKSONVILLE, FL 32211 US

*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

**Officer/Director Detail :**

Title PD  
Name THOMPSON, BARBARA P  
Address 5532 FLORAL AVENUE  
City-State-Zip: JACKSONVILLE FL 32211

Title SD  
Name THOMPSON, JOHN B  
Address 5532 FLORAL AVENUE  
City-State-Zip: JACKSONVILLE FL 32211

Title V  
Name THOMPSON, AMANDA  
Address 1030 4TH STREET NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby 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 all other like empowered.*

**SIGNATURE: BARBARA THOMPSON**

**PRES**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date