


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 03, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # 751806</b> 1. Entity Name KEY WEST DANCE THEATRE, INC.	
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Principal Place of Business 1108 18TH STREET KEY WEST, FL 33040	Mailing Address 1108 18TH STREET KEY WEST, FL 33040
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04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2017266	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HENDRICK, JAMES T.  
317 WHITEHEAD ST  
KEY WEST, FL

**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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000145147  
05/03/04-80355-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD JAMPOL, PENNY MOLLOT 3218 HARRIET AVE. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MAYER, ALLISON TRADUP 1108 18TH ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VCD MAYER, ALLISON TRADUP 1108 18TH ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

**SIGNATURE:** Allison Tradup  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 305-294-7086  
Date Daytime Phone #