


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004887 1. Entity Name THE PEGGY WILLIS BALLET COMPANY OF THE CONSERVATORY OF CLASSICAL BALLET, INC.	
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Principal Place of Business 4228 BOSTON AVE LUBBOCK, TX 79413	Mailing Address 4228 BOSTON AVE LUBBOCK, TX 79413
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DO NOT WRITE IN THIS SPACE



04012006 No Chg-NP CR2E037 (11/05)

4. FEI Number 75-1961630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AARNIO, PAUL
204 GREENWOOD DRIVE
PANAMA CITY BEACH, FL 32407

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP AARNIO, PAUL 204 GREENWOOD DR PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WILLIS-AARNIO, PEGGY 204 GREENWOOD DR. PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LARRY 217 HONEYSUCKLE LN NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROCHELLE 217 HONEYSUCKLE LN NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, MARY 11817 AVE X LUBBOCK, TX 79401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COX, CATHERINE 201 TURNBURY WAY VALLEJO, CA 94591

U00000559438
05/17/06-80137-004 61.25

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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 617, 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: PAUL AARNIO, PRESIDENT 4/30/06 850-236-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #