

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000004887

1. Entity Name
**THE PEGGY WILLIS BALLET COMPANY OF THE
CONSERVATORY OF CLASSICAL BALLET, INC.**



Principal Place of Business
**2803 53RD ST
LUBBOCK, TX 79413**

Mailing Address
**2803 53RD ST
LUBBOCK, TX 79413**



04302008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
75-1961630

Applied For
Not Applicable

5. Certificate of Status Desired



\$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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000948675
06/02/08-80065-001 70.00

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**

**DO NOT WRITE
IN THIS SPACE**

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