


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90007 036 ***150.00

DOCUMENT # F72514

1. Entity Name
ELAN DANCE THEATRE OF POLK COUNTY, INC.



Principal Place of Business
**2942 S. COMBER RD
LAKELAND, FL 33803-3607 US**

Mailing Address
**P.O. BOX 2521
2320 E EDGEWOOD DR
EATON PARK, FL 33840 US** *Eaton Park FL 33840*


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

24084965



08132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2174421

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

6. Name and Address of Current Registered Agent
**OSWALD, FRED K
613 PALENCIA PLACE
LAKELAND, FL 33803**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OSWALD, EMMA 613 PALENCIA PLACE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Emma Oswald* **9/10/04** **863-667-3354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
24684965

September 10, 2004

Elan Dance Theatre of Polk
PO Box 2521
Eaton Park, FL 33840

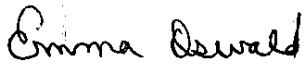
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 59-2174421

To Whom It May Concern:

For some reason we never received our original form to renew our corporation dues. I am sending the report form you recently sent to me and am enclosing the dues.

Thank you,


Emma Oswald