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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G51944

1. Entity Name
DANCERS RENDEZVOUS, INC.

Principal Place of Business	Mailing Address
4445 EAST BAY DRIVE #313 CLEARWATER, FL ~~34624~~ 33764	4445 EAST BAY DRIVE #313 CLEARWATER, FL 33764 US

2. Principal Place of Business		3. Mailing Address	
4445 EAST BAY DRIVE		4445 EAST BAY DRIVE	
Suite, Apt. #, etc. #313		Suite, Apt. #, etc. #313	
City & State LARGO FL		City & State LARGO FL	
Zip 33764	Country U.S	Zip 33764	Country U.S

4. FEI Number 59-2326990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALLGOOD & ASSOCIATES, INC.~~
~~537 DOUGLAS AVENUE~~
~~SUITE 18~~
~~DUNEDIN, FL 34698~~

7. Name and Address of New Registered Agent

Name ELINOR SKOGH
Street Address (P.O. Box Number is Not Acceptable) 907 LENNOX RD W
City PALM HARBOR FL Zip Code 34683

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] ELINOR SKOGH 4-1-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SWAINE, PAUL		NAME	
STREET ADDRESS	2075 BUTTERNUT CIR E.		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SWAINE, CARMEL		NAME	
STREET ADDRESS	2075 BUTTERNUT CIR E.		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Paul W. Swaine 4/1/04 727-536-9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #