

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # G51944 1. Entity Name DANCERS RENDEZVOUS, INC.	
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Principal Place of Business 4445 EAST BAY DRIVE #313 CLEARWATER, FL 33764	Mailing Address 4445 EAST BAY DRIVE #313 CLEARWATER, FL 33764 US
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DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

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

SKOGH, ELINOR
907 LENNOR RD. W
PALM HARBOR, FL 34683

**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 restate) DATE _____

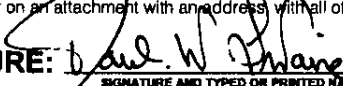
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000785316 01/16/08-80091-009 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWAINE, PAUL 2532 LAKESIDE COURT PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAINE, CARMEL 2532 LAKESIDE COURT PALM HARBOR, FL 34684
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 (Pres) 1/5/2008** **727-415-4872**

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