

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90320 038 \*\*\*150.00

**DOCUMENT # K38697**

1: Entity Name

PAPER DANCE, INC.



Principal Place of Business

21-C N NOVA ROAD  
ORMOND BEACH FL 32174

Mailing Address

SYLVIA K.  
C/O GEORGE A. NIKITAS  
1322 OAK FOREST DR  
ORMOND BEACH FL 32174-4024



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

c/o Sylvia Nikitas  
Suite, Apt. #, etc.  
21-C N NOVA ROAD

City & State

City & State  
ORMOND BEACH, FL

Zip

Country

Zip  
32174

Country

4. FEI Number 59-2911508

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NIKITAS, GEORGE A. SYLVIA K.  
1322 OAK FOREST DR  
ORMOND BEACH FL 32074 32174

7. Name and Address of New Registered Agent

Name: SYLVIA K. NIKITAS  
Street Address (P.O. Box Number is Not Acceptable): 1322 OAK FOREST DRIVE  
City: ORMOND BEACH  
City: FL Zip Code: 32174

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

*Sylvia K. Nikitas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	NIKITAS, GEORGE A.	
STREET ADDRESS	1322 OAK FOREST DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	NIKITAS, SYLVIA K.	
STREET ADDRESS	1322 OAK FOREST DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Sylvia Nikitas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04 386-672-4207

Date

Daytime Phone #