


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L19164 1. Entity Name TITUSVILLE BALLET & JAZZ CENTER, INC.	
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Principal Place of Business 7395 WINDOVER WAY TITUSVILLE, FL 32780 US	Mailing Address 7395 WINDOVER WAY TITUSVILLE, FL 32780 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2977296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KEEGAN, MARY 7395 WINDOVER WAY TITUSVILLE, FL 32780	DO NOT WRITE IN THIS SPACE
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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 _____

ATTACH YOUR CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO "DEPARTMENT OF STATE". AFTER MAY 1ST FEE WILL BE \$550.00

STREET ADDRESS: 7395 WINDOVER WAY
CITY-ST-ZIP: TITUSVILLE, FL

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JEAN 7395 WINDOVER WAY TITUSVILLE, FL
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01/27/05-80048-015 150.00

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: Mary Keegan 1/25/05 321 3834075

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