
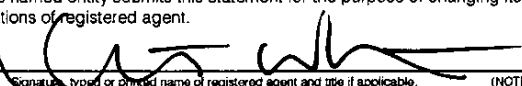
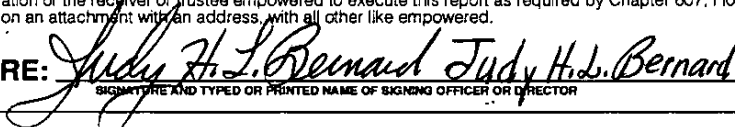


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90283 050 \*\*\*150.00

<b>DOCUMENT # L34321</b> 1. Entity Name <b>JUDY BERNARD DANCERS, INC.</b>			
Principal Place of Business <b>9918 DAVIS ROAD TAMPA, FL 33637</b>		Mailing Address <b>1611 W PLATT ST TAMPA, FL 33606</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>502 N. ARMENIA AVE</b> Suite, Apt. #, etc.	
City & State City: <b>TAMPA</b> State: <b>FL</b>		4. FEI Number <b>59-3010717</b>	
Zip <b>33609</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KOEHLER, KEITH W CPA KOEHLER &amp; COMPANY 1611 W. PLATT STREET TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent <b>KEITH W. KOETTLER Koehler &amp; Company, P.A. 502 North Armenia Avenue Tampa, FL 33609</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. SIGNATURE:  DATE: <b>4/20/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT BERNARD, JUDY H 9918 DAVIS ROAD TAMPA, FL 33637	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BERNARD, CHARLES 9918 DAVIS ROAD TAMPA, FL 33637	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Judy H. L. Bernard Pres.</b> <b>4/24/05</b> (813)-988-5694 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			