

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 043 ***150.00



DOCUMENT # L34321

1. Entity Name
JUDY BERNARD DANCERS, INC.

Principal Place of Business: **9918 DAVIS ROAD TAMPA, FL 33637**
 Mailing Address: **502 N ARMENIA AVE TAMPA, FL 33609**



2. Principal Place of Business - No P.O. Box #

Koehler & Company, P.A.
401 North Howard Avenue
Tampa, FL 33606

Suite, Apt. #, etc.

City & State

Zip Country **USA**

04262007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3010717** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KOEHLER, KEITH W CPA
KOEHLER & COMPANY
502 N ARMENIA AVENUE
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name **KEITH W KOEHLER CPA**
 St **Koehler & Company, P.A.**
401 North Howard Avenue
 Ci **Tampa, FL 33606** Zip Code

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]* DATE: **4/25/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT BERNARD, JUDY H 9918 DAVIS ROAD TAMPA, FL 33637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Judy Helen Louise Bernard* **Judy Helen Louise Bernard** 4/30/07 813-988-5694

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