

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/12/2005-90016-015-\$150.00-\$150.00

DOCUMENT # L75192
 1. Entity Name
 SUNDANCE OF FLORIDA C.F., INC.



Principal Place of Business
 1962 OSCEOLA PARKWAY
 KISSIMMEE, FL 34743

Mailing Address
 1962 OSCEOLA PARKWAY
 KISSIMMEE, FL 34743

FILED
 05 FEB -7 PM 2:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3010776

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 YOUNG, MELODY
 1962 E. OSCEOLA PKWY
 KISSIMMEE, FL 34743

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST YOUNG, MELODY 2672 FLAMBOYAN ST. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, TRACY 2672 FLAMBOYAN ST. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

Handwritten signature: J. Young

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: *M. Young* Date: 2/2/05 Daytime Phone #: 407-348-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR