## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # L75192**

Entity Name

SUNDANCE OF FLORIDA C.F., INC.



FILED Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1962 OSCEOLA PARKWAY KISSIMMEE, FL 34743 1962 OSCEOLA PARKWAY KISSIMMEE, FL 34743



01042006

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

YOUNG, MELODY 1962 E. OSCEOLA PKWY KISSIMMEE, FL 34743

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or registered agent, or t	poth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable (NOTE Registered	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		And the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST YOUNG, MELODY 2672 FLAMBOYAN ST. KISSIMMEE, FL 34744			500000275 A 91709708-20024-004-150.00
NAME STREET AODRESS CITY-ST-ZIP	D YOUNG, TRACY 2672 FLAMBOYAN ST. KISSIMMEE, FL 34744			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			g	e variable e l'adrigue de la company
TITLE NAME STREET ADDRESS CITY-ST-ZIP			50 - 100 mg	
12. Thereby o	certify that the information supplied with this file	ling does not qualify for the exe	imptions contained in Chapter 1	19. Florida Statutes, I further certify that the information

12. Thereby 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 on 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 MUDELING / Melody Young

4-06

4073485678