

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M43402**

1. Entity Name  
**THOMAS DANCE STUDIO, INC.**



Principal Place of Business  
**924 N DIXIE HWY.  
LAKE WORTH, FL 33460 US**

Mailing Address  
**924 N DIXIE HWY.  
LAKE WORTH, FL 33460 US**



02212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2741209**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SZEMBER, TERI J  
6198 PINE DR.  
LANTANA, FL 33462**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000872078  
04/10/08-80024-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **SZEMBER, TERI**  
STREET ADDRESS **6198 PINE DR.**  
CITY-ST-ZIP **LANTANA, FL**

TITLE **VD**  
NAME **VALENTINE, TAMI**  
STREET ADDRESS **4397 CARYOTA DR.**  
CITY-ST-ZIP **BOYNTON BCH., FL**

TITLE **S**  
NAME **SZEMBER, BRENT**  
STREET ADDRESS **6198 PINE DR.**  
CITY-ST-ZIP **LANTANA, FL**

TITLE **T**  
NAME **VALENTINE, RICHARD**  
STREET ADDRESS **4397 CARYOTA DR.**  
CITY-ST-ZIP **BOYNTON BCH., FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Tami Valentine* **Tami Valentine 3-25-08 561 592 3104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #