

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 040 ****61.25

DOCUMENT # N01000008058					
1. Entity Name LADS AND LASSIES DANCE CLUB, INC.					
Principal Place of Business 13 PINE VALLEY CIR ORMOND BEACH, FL 32174			Mailing Address 13 PINE VALLEY CIR ORMOND BEACH, FL 32174		
2. Principal Place of Business 13 PINE VALLEY CIRCLE Suite, Apt. #, etc.		3. Mailing Address 13 PINE VALLEY CIRCLE Suite, Apt. #, etc.			
City & State ORMOND BEACH FL.		City & State ORMOND BEACH FL.		4. FEI Number NOT APPLICABLE	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, JIM 13 PINE VALLEY CIR ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3-2-05</u>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, JIM W 13 PINEVALLEY CIRCLE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LONG, JUDY 3 BURR OAK COURT ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIAULT, DONALD P 1 WATERFRONT COURT ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILIAULT, JOANNE M 1 WATERFRONT COURT ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIG, PHYLLIS 4 WINDSOR DR. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH W. GATTINELLA 997 SMOKEHOUSE BLVD PORT ORANGE FL 32127	<input type="checkbox"/> Delete			
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 617, 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: <u><i>[Signature]</i></u>		Date <u>3/3/05</u>		Daytime Phone # <u>386-322-4331</u>	