DO NOT PUBLISH CORRECTION

ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State
02-15-2006 90023 002 ****61.25

DOCUMENT # N01000008058

1. Entity Name
LADS AND LASSIES DANCE CLUB, INC.

Principal Place of Business	Mailing Address
13 PINE VALLEY CIR ORMOND BEACH, FL 32174	13 PINE VALLEY CIR ORMOND BEACH, FL 32174

01312006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
20 HIGHLAND FALLS DR	20 HIGHLAND FALLS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH FL	City & State: ORMOND BEACH FL
Zip: 32174 Country: VOLUSIA	Zip: 32174 Country: VOLUSIA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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: LESLIE C. HARRIS
Street Address (P.O. Box Number is Not Acceptable): 20 HIGHLAN FALLS DRIVE
City: ORMOND BEACH FL Zip Code: 32174

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: Leslie C Harris LESLIE C. HARRIS PRESIDENT 2-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☒ Delete	P LESLIE C. HARRIS 20 HIGHLAND FALLS DRIVE ORMOND BEACH FL 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILIAULT, DONALD P 1 WATERFRONT COURT ORMOND BEACH, FL 32174	☐ Delete	D EDWARD D'AMADIO 736 HORSEMAN DRIVE PORT ORANGE FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILIAULT, JOANNE M 1 WATERFRONT COURT ORMOND BEACH, FL 32174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWEIG, PHYLLIS 4 WINDSOR DR. ORMOND BEACH, FL 32174	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GATTINELLA, JOSEPH W 997 SMOKERISE BLVD PORT ORANGE, FL 32127	☐ Delete	T GATTINELLA JOSEPH W 997 SMOKERISE BLVD PORT ORANGE FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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: Leslie C Harris