2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# N01000008058

Entity Name: LADS AND LASSIES DANCE CLUB, INC.

Current Principal Place of Business:

20 HIGHLAND FALLS DR
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

20 HIGHLAND FALLS DR
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, LESLIE C
20 HIGHLAND FALLS DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	D'AMADIO, EDWARD	
Address:	736 HORSEMAN DRIVE	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	D	( ) Delete
Name:	FILIAULT, DONALD P	
Address:	1 WATERFRONT COURT	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	SD	( ) Delete
Name:	MCMULLEN, BETTIE	
Address:	6468 LONGLAKE DR	
City-St-Zip:	PORT ORANGE, FL 32124	
Title:	D	( ) Delete
Name:	MCMULLEN, JOSEPH	
Address:	6468 LONGLAKE DR	
City-St-Zip:	PORT ORANGE, FL 32124	
Title:	T	( ) Delete
Name:	GATTINELLA, JOSEPH W	
Address:	997 SMOKERISE BLVD	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:	P	( ) Delete
Name:	HARRIS, LESLIE C	
Address:	20 HIGHLAND FALLS DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	GATTINELLA, JOSEPH W	
Address:	997 SMOKERISE BLVD	
City-St-Zip:	PORT ORANGE, FL 32127	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE C. HARRIS P 02/01/2009
Electronic Signature of Signing Officer or Director — Date