

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003606

1. Entity Name

LET'S DANCE, INC.



Principal Place of Business

3920 PALM STREET
ST AUGUSTINE, FL 32084

Mailing Address

3920 PALM STREET
ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE



07212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-8617114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR
19 RIBERIA STREET
ST AUGUSTINE, FL 32084

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUGHES, BETH
STREET ADDRESS	3920 PALM STREET
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	D
NAME	HEIMBOLD, DAVID
STREET ADDRESS	112 MANRESA ROAD
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	D
NAME	STOIBER, SANDI
STREET ADDRESS	528 PENINSULAR COURT
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000956234
07/24/08-80004-013 61.25

**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 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:

Beth Hughes President - Beth Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-08
Date

904/826-3258
Daytime Phone #