

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30/2007-90415-018-\$61.25-\$61.25

<b>DOCUMENT # N06000004498</b> 1. Entity Name <b>FOOTLOOSSE SINGLES DANCE CLUB, INC.</b>						07 MAY 29 AM 8:23 STATE FALL ANNUAL REPORT, FLORIDA	
Principal Place of Business <b>40 HUNTMASTER COURT ORMOND BEACH, FL 32174</b>				Mailing Address <b>SAME ORMOND BEACH, FL 32174</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LYTTON, BARBARA 40 HUNTMASTER COURT ORMOND BEACH, FL 32174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <b>LYTTON, BARBARA</b> <b>40 HUNTMASTER COURT</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <b>SHULINS, CAROLE</b> <b>541 TARRAGONA WAY</b> <b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <b>HARABUS, GEORGE</b> <b>40 HUNTMASTER COURT</b> <b>ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.							
<b>SIGNATURE:</b> <i>Barbara Lytton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							