

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005315

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: EXPRESSIONS - THE DANCE COMPANY, INC.

**Current Principal Place of Business:**

6646/48 RIDGE RD  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5737  
HUDSON, FL 34674 US

**New Mailing Address:**

FEI Number: 59-3474775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORRENCE, ALFRED W JR.  
6645 RIDGE RD.  
PORT RICHEY, FL 34668 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: TRACEY, LINDA  
Address: 5662 HIASPRING AVE  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: STD ( ) Delete  
Name: DAVIS, MICHAEL J  
Address: 13100 STARBOARD CT.  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: DAVIS, ALISON  
Address: 13100 STARBOARD CT.  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: DAVIS, GILLIAN  
Address: 13100 STARBOARD COURT  
City-St-Zip: HUDSON, FL 34667

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVIS, MICHAEL

STD

01/12/2005

Electronic Signature of Signing Officer or Director

Date