


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N99000004376</b><br>1. Entity Name<br><b>BALLET SOUTH INCORPORATED</b> |  |
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|  |  |
|--|--|
| Principal Place of Business<br><b>160 JAFFA DR.<br/>FERN PARK FL 32730</b> | Mailing Address<br><b>160 JAFFA DR.<br/>FERN PARK FL 32730</b> |
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|  |  |         |
|--|--|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country |
|--|--|---------|



1st MOORE CR2E037 (10/04)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3592656</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SULTZBACH, RUSSELL<br/>510 COACHLIGHT WAY<br/>WINTER PARK FL 32792</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D <input type="checkbox"/> Delete<br><b>SULTZBACH, RUSSELL<br/>510 COACHLIGHT WAY<br/>WINTER PARK FL 32792</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000192744<br/>01/25/05-80031-010 8.75</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D <input type="checkbox"/> Delete<br><b>WALSH, PATTI<br/>2401 NORFOLK RD.<br/>ORLANDO FL 32803</b>             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000192744<br/>01/25/05-80031-011 61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D <input type="checkbox"/> Delete<br><b>HILL, KATIE<br/>1919 CORNETT PLACE<br/>KISSIMMEE FL 34741</b>          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D <input type="checkbox"/> Delete<br><b>LUSE, MARY HELYN<br/>2528 READING DR<br/>ORLANDO FL 32804</b>          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Russell Sultzbach* **RUSSELL Sultzbach** 01-19-05 407 831-1770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #