

2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90023 026 ***150.00

DOCUMENT # P01000013619

1. Entity Name

THE DANCE CONNECTION, INC.



Principal Place of Business

14365 EAST COLONIAL DRIVE
SUITE A2
ORLANDO FL 32826

Mailing Address

3939 PERIVAL RD
ORLANDO FL 32826

Percival



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3939 Percival Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Orlando FL

4. FEI Number 59-3706238

Applied For

Not Applicable

Zip

Country

Zip

Country

32826

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBERLE, SUSAN L
320 NORTH MAGNOLIA AVE.,STE. A-9
ORLANDO FL 32801

Name

Karen O'Kelley

Street Address (P.O. Box Number is Not Acceptable)

3939 Percival Rd

City

Orlando

FL

Zip Code

32826

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

3/5/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
O'KELLEY, KAREN
3939 PERCIVAL RD.
ORLANDO FL 32826 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
O'KELLEY, SHAUN
3939 PERCIVAL RD.
ORLANDO FL 32826 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

Karen O'Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/07 407 207 3910