


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90685 024 ***150.00

DOCUMENT # P01000036753	
1. Entity Name DANCE CLUB PROMOTIONS, INC.	

Principal Place of Business 1152 S. PATRICK DR. SATELLITE BEACH FL 32937	Mailing Address 1152 S. PATRICK DR. SATELLITE BEACH FL 32937
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2. Principal Place of Business 1152 So. Patrick Dr.	3. Mailing Address 1152 So. Patrick Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Sat. Bch, FL	City & State Sat. Bch, FL
Zip 32937	Country U.S.A.



MOORE CR2E034 (11/03)

4. FEI Number 59-3711567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDLAND, BARRY 1152 S PATRICK DRIVE SATELLITE BEACH FL 32937	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSTAL-SANDLAND, ROBIN 1152 S. PATRICK DR. SATELLITE BEACH FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barry Sandland 1152 S. Patrick Dr Sat. Bch, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robin Postal-Sandland 1152 So. Patrick Dr Sat. Bch, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 _____ **4-5-04 321-779-1188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #