2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 8:00 am

DOCUMENT # P0300009468 1. Entity Name THEO & GANINE'S DANCE CENTER, INC.						03-14-2007 90040 012 ***150.00				
Principal Place of Business Mailing Address 11450 OVERSEAS HIGHWAY - SUITE 203 11450 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050					SUITE 203		11 1 1311 - 11 111 - 11 111 - 1 1111	II BBIII BB3] B 1	B B 	
2. Principal F	Place of Busir	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02222007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State	City & State			per 71225		<u> </u>	pplied For lot Applicable
Zip	Country		Zip Coun		stry	5. Certificate	e of Status Desired		\$8.75 Add Fee Require	ditional ad
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New Re	egistered A	gent	
DERLETH, THEO J 11450 OVERSEAS HIGHWAY - SUITE 203 MARATHON, FL 33050						P.O. Box Numb	per is Not Acceptable)		
					City			FL	Zip Cod	le
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										
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be led to Fees				
10. OFFICERS AND DIRECTORS 1						ADDITIONS/	CHANGES TO OFFI	CERS AND		
TITLE : NAME STREET ADDRESS : CITY-ST-ZIP	DERLETH, THEO 11450 OVERSEAS HIGHWAY - SUITE 203				E EET ADDRESS -ST-ZIP				☐ Change	☐ Addition
TITLE				TITLE					Change	☐ Addition
NAME STREET ADDRESS	DERLETH 11450 OVE	I, GANINE ERSEAS HIGHWAY - S	SUITE 203	NAME STREE	E Et address					
CITY-ST-ZIP					-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1 '					☐ Change	Addition
TITLE NAME			Delete	TITLE					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		, 			ET ADDRESS - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	II -					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
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 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: SIGNATUR										

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DERLETH PIZES 3/12/07