


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90021 008 \*\*\*550.00

<b>DOCUMENT # P03000012364</b> 1. Entity Name THE DANCE FACTORY OF NEW SMYRNA BEACH, INC.			
Principal Place of Business 2475 BURNELL COURT NEW SMYRNA BEACH, FL 32168		Mailing Address 2475 BURNELL COURT NEW SMYRNA BEACH, FL 32168	
2. Principal Place of Business - No P.O. Box # <b>1310 W. CANAL STREET</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>NEW SMYRNA BCH. FL.</b>		City & State 	
Zip <b>32168</b>		Country <b>USA</b>	
4. FEI Number <b>55-0815558</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  POLK, TAMI 1310 W CANAL ST. NEW SMYRNA BEACH, FL 32168		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>Tami Polk</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POLK, TAMI 1310 W CANAL ST. NEW SMYRNA BEACH, FL 32168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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: <u>Tami Polk</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/14/7</u> Daytime Phone #: <u>386-427-2355</u>	