


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000020126 1. Entity Name STARKE ACADEMY OF DANCE, INC.	
--	---

Principal Place of Business 417 E WEST EDWARDS RD STARKE, FL 32091 US	Mailing Address 417 E WEST EDWARDS RD STARKE, FL 32091 US
---	---

DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1680116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THEUS, LAURA
1038 MEADOWS DR
STARKE, FL 32091

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000838711 03/05/08-80040-020 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THEUS, LAURA 1038 MEADOWS DR STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THEUS, HAROLD 1038 MEADOWS DR STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Laura Theus President 2/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #