

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90046 019 ***150.00

DOCUMENT # P03000073068 1. Entity Name DANCE ART THEATRE, INC.			
Principal Place of Business DANCE ART THEATRE #1322 PORT ORANGE, FL 32128		Mailing Address 5889 AIRPORT RD DAYTONA BEACH, FL 32128	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5889 Williamson Blvd #1322 Pt. Orange City & State Zip Country FL - Volusia	
		02082005 Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBBINS, MEREDITH 1759 TOMOKA FARMS RD. DAYTONA BEACH, FL 32128		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	IPD DOBBINS, MEREDITH 1759 TOMOKA FARMS RD. DAYTONA BEACH, FL 32128	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5889 Williamson Blvd #1322 Pt. Orange FL 32128
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WINKLER, PEGGY 1759 TOMOKA FARMS RD. DAYTONA BEACH, FL 32128	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5889 Williamson Blvd #1322 Pt. Orange FL 32128
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>M. Dobbins</i> Meredith Dobbins		Date: 2-5-05 Daytime Phone #: 386 322-8334	