

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90213 047 ***150.00

DOCUMENT # P03000074530



1. Entity Name
ANGELA BOWDEN'S DANCE INC.

Principal Place of Business
**2957 CAP. PRK DR STE 1
TALLAHASSEE, FL 32301**

Mailing Address
**2957 CAP. PRK DR STE 1
TALLAHASSEE, FL 32301**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 43-2062125 | 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

**BOWDEN, ANGELA
3243 APPLETON DR
TALLAHASSEE, FL 32311**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | BOWDEN, ANGELA |
| STREET ADDRESS | 3243 APPLETON DR |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 |
| TITLE | V |
| NAME | BOWDEN, JAMES M |
| STREET ADDRESS | 3243 APPLETON DR |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 |
| 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08 **850-322-2360**
Date Daytime Phone #